

HUMANITARIAN IMPLEMENTATION PLAN (HIP) GREAT LAKES REGION¹

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/ BUD/2018/01000

AMOUNT: 33 000 000 EUR

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of the financing decision ECHO/WWD/BUD/2018/01000 (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 DG 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.

1. CONTEXT

The Great Lakes region is characterised by a plurality of crises, both protracted and acute, affecting a significant number of people. Crises include armed conflicts and insecurity leading to recurrent forced displacement, food insecurity and under-nutrition, in addition to repeated epidemics. Many crisis-affected people lack livelihood opportunities and often live in extreme poverty. Access to basic social services and rule of law for these people are inadequate or inexistent, especially in DRC and Burundi.

Conflicts in the Great Lakes are dynamic and cause a high level of displacement within and across every national border in the region, which now hosts over 1 million refugees, mainly from Burundi, the Democratic Republic of Congo (DRC), Rwanda, Central African Republic but also more recently from South Sudan. DRC and Tanzania host the largest refugee caseloads in the Great Lakes region with some 526 000 refugees in DRC and 243 000 refugees and asylum seekers in Tanzania. In addition, more than 4 million people are internally displaced in DRC, Burundi and the Republic of Congo. With 3.9 million IDPs, DRC has become the African country with the highest number of internally displaced people.

In addition to two decades of successive shocks, armed conflicts and intercommunity violence in DRC, the country is now also confronted with new upsurges of violence and conflicts in the Kivus but also in Tanganyika and in the Kasai region.

In Tanganyika, the ethnic conflict between Luba and Pygmy's people has persisted and moved on to new locations in 2017. The number of displaced people is estimated at over 540 000. Population movements continue with new displacements with a low level of response in terms of humanitarian assistance (basic services). The nature of the violence makes the return of the populations to their home villages difficult in the absence of the local authorities' implication and without the support of humanitarian organisations.

Since August 2016, a complex emergency quickly developed in the five provinces of the Kasais (Kasai, Kasai Central, Kasai Oriental, Lomami and Sankuru), affecting currently approximately 2.6 million people, of which nearly 1.3 million are in need of humanitarian assistance for the next 6 months, the majority of whom, more than 1

¹ Great Lakes for this HIP covers: Angola, Burundi, Democratic Republic of Congo, Republic of Congo, Rwanda, Tanzania and Zambia
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million, being displaced persons. The conflict is taking place in an area that was not, up-to-now, affected by humanitarian crises, which means that the humanitarian response has to start from scratch with partners having to "invest" in a new area, with all the security and access constraints. The situation generates significant humanitarian needs for multi-sectorial response and for protection. The Kasai crisis has also an impact in Angola with an influx of 33 000 Congolese refugees.

MONUSCO² is the biggest DPKO³ mission in the world, with a reinforced chapter VII⁴ mandate. It engages in direct military interventions against armed groups in close collaboration with the FARDC⁵. In parallel, MONUSCO has a mandate to facilitate the elections, which has been enlarged by the Security Council in view of the political situation. MONUSCO-DRC relations remain tense, resulting in a sub-optimal 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 to seventy local armed groups, are active and maintain the Eastern part of DRC in a conflict situation, leading to recurrent and significant population movements and human rights abuses. The recent reduction of staff and the closure of many bases in North Kivu (following decision of the UN Security Council), coupled with the extension of their elections mandate, is leading to a security vacuum. This state of affairs is not conducive for development actors to bring about any sustainable results.

In Burundi, since the president, Pierre Nkurunziza, announced his intention to seek a third term in April 2015, the country has been plunged into a crisis of staggering proportions. Violence by Inbonerakure (government militia) and violations of human rights, including torture and arbitrary executions, are still regularly occurring even though they are almost invisible nowadays. This initially "political" crisis has been slowly turning into a humanitarian crisis with a significant impact both internally and in the region, forcing approximately 409 000 Burundian to flee to neighbouring countries. The political crisis has triggered a major socio-economic crisis in an already very poor and fragile country. According to OCHA's Humanitarian Response Plan for Burundi (HRP), around 3 million people are currently affected by the crisis. The EU has suspended direct financial aid to the government¹¹ and the development cooperation in the country is currently channelled through NGOs, Member States agencies and UN agencies.

Food insecurity and under-nutrition are significant in the Great Lakes region and affects some 7.7 million people in DRC in 2017. This represents an increase of 30% compared to last year and about 2.56 million people in Burundi.

² Mission de l'Organisation des Nations Unies pour la Stabilisation en République Démocratique du Congo.

³ Department for Peacekeeping Operations

⁴ Chapter VII foresees action with respect to threats to the peace, breaches of the peace and acts of aggression

⁵ Forces Armées de la République Démocratique du Congo

⁶ Fromer 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

¹⁰ National Forces of Liberation

¹¹ Council Decision (EU) 2016/394 of 14 March 2016, closing consultations under article 96 of Cotonou agreement

The Great Lakes region is also largely affected by **epidemics** e.g. measles, malaria, cholera, yellow fever, and even Ebola

In the DRC and the Burundi crisis contexts, both having regional implications, the humanitarian situation is aggravated by political and pre/post-electoral tensions, economic downturn and the spread of violence. In some areas, the situation keeps deteriorating due to physical/logistical and security obstacles. Overall, the security situation has deteriorated, in particular in DRC, where the Kasai crisis has added to an already very unsafe context.

DG ECHO's Integrated Analysis Framework for 2017-2018 identified high humanitarian needs for both crises. The vulnerability of the population affected by the crises is assessed to be also very high (see below).

	DRC	BURUNDI REGIONAL CRISIS - Burundi/Rwanda/Tanzania
INFORM Risk Index¹²	7.0 / 10	5.6 / 10
Vulnerability Index	7.0 / 10	5.8 / 10
Hazard and Exposure	6.2 / 10	4.8 / 10
Lack Coping Capacity	7.9 / 10	6.1 / 10
Crisis Index	3 / 3	2 / 3
Conflict Index	3 / 3	0 / 3 (but 2/3 for Burundi)
Uprooted People Index	2 / 3	2 / 3
Natural Disaster Index	0 / 3	0 / 3
HDI Ranking¹³ (Value)	176 (0.4/1)	184 (Burundi), 159 (Rwanda), 151 (Tanzania)
Total Population	77 266 816	76 259 007 (11 178 900 Burundi, 11 609 700 Rwanda, 53 470 400 Tanzania)

2. HUMANITARIAN NEEDS

1) People in need of humanitarian assistance:

Displaced populations

▪ Internally Displaced Persons (IDPs)

In **DRC**, there are currently 3.9 million IDPs, which makes DRC the African country with the highest number of internally displaced people. It is estimated that there are currently 925 000 IDPs in North Kivu Province, often located in remote areas hardly accessible for humanitarian actors. In South Kivu and in Tanganyika the number of displaced people is estimated at over 487 000 and 540 000 respectively. As for Kasai, more than 1.3 million people have been displaced by the conflict.

IDPs represent a significant percentage of people in acute livelihood and food crisis in the country.

¹² INFORM is a global, open-source risk assessment for humanitarian crises and disasters.

¹³ Humanitarian Development Index (HDI) developed by UNDP (United Nations Development Programme).
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In **Burundi**, it is reported that some 209 202 people are internally displaced according to IOM, mainly caused by the volatile political and security situation, and more recently triggered by the high level of food insecurity in some areas of the country.

In the **Republic of Congo**, some districts of the Pool region have faced critical challenges such as violence and insecurity since April 2016. A situation which has had a direct impact on local populations and has, so far, caused the displacement of nearly one person out of three in this region, i.e. around 100 000 persons.

▪ **Refugees¹⁴ and Asylum Seekers**

The last decades have seen major population movements in the Great Lakes region as a result of the Rwandan genocide, the conflict in Burundi, the continued instability and new conflicts in DRC, and the conflicts in CAR (Central African Republic) and South Sudan.

Angola is currently host to around 33,000 refugees who have been arriving since April 2017, in Angola's Lunda Norte province, fleeing violent attacks in the DRC's Kasai region. Of these, 27 193 have been pre-registered in Dundo. The influx of refugees from the DRC is estimated at around 100 arrivals per day. Due to overcrowding in the current setting, a new permanent settlement is going to be built in the village of Lóvua, approximately 100 km away from the current sites, to accommodate the possible growing number of refugees.

Burundi hosts some 61 427 refugees from DRC.

DRC hosts some 526 000 refugees mainly from Rwanda (228 065), CAR (167 353), Burundi (44 127) and more recently from South Sudan (85 426). It is also the country of origin of more than 479 000 Congolese refugees in neighbouring countries of Uganda, Rwanda, Tanzania, Burundi, Kenya, some for more than a decade. In DRC, the Rwandan refugees are mostly located in the Eastern Provinces, not in camps, but settled with the local populations. The CAR refugees are mainly located in the Northern Provinces of South and Nord-Ubangi. They are hosted in poor rural areas that are fragile, where refugees compete for limited resources and exacerbate tensions among communities. The Burundian refugees are located in the Lusenda camp in South Kivu. One additional camp will be constructed in the close vicinity as the Lusenda camp has reached its capacity. The newly arrived South Sudanese refugees are staying in Haut-Uele and Ituri. Even if two sites (Meri and Biringi) have been established late 2016, the majority of refugees are living along the border with Uganda and South Sudan.

The **Republic of Congo** is host to around 12 280 Congolese refugees and 31 305 refugees from CAR.

Rwanda hosts some 73 440 refugees from DRC and 86,591 refugees from Burundi. Around 50 000 Burundian refugees are hosted in Mahema camp and 35 000 in Kigali region as urban refugees.

In **Tanzania**, 62 505 Congolese refugees and asylum seekers are hosted together with about 243 565 Burundian refugees and asylum seekers in the overcrowded Nyarugusu, Nduta and Mtendeli camps. There is a strong political stand from the Tanzanian authorities to no longer accept refugees from Burundi in Tanzania. The Tanzanian

¹⁴ All refugee figures come from UNHCR (United Nations High Commissioner for Refugees).
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authorities have moreover initiated a voluntary return program and are actively supporting it.

In **Zambia**, a new influx of refugees from the DRC could trigger the need for support if it is beyond its ability to respond to such an emergency situation. The country's capacity has already been tested with the inflow of refugees from the DRC in September 2017.

In the Great Lakes region, protracted refugee caseloads co-exist with “new crisis” caseloads, most of the time in the same camps or settlements, forcing the response to be adapted to the different needs of the respective caseloads using a clear targeting approach towards the most vulnerable. In DRC, the majority of newly arrived refugees are women, children and unaccompanied minors, raising major protection concerns.

▪ **Returnees**

On the one hand, the growing political pressure from the Burundian and the Tanzanian governments for the refugees not to enter in Tanzania, and on the other hand, the strong support for the recent repatriation program of the Tanzanian authorities, (even if the situation in Burundi is still dire from a political and economic point of view) may trigger additional needs for returnees in Burundi.

Populations affected by food insecurity and under-nutrition

Food insecurity and its related **under-nutrition** impact are widespread in the region but are particularly alarming in both DRC and Burundi.

In DRC, in June 2017, 7.7 million people (10% of the population) are estimated to be food insecure in DRC according to the latest IPC¹⁵. This represents an increase of 1.8 million people compared to the same period last year. In the last seven months, the number of food insecure territories has doubled. Poor climatic conditions will also have an impact on current crops, especially in the East of the country. In the Kivu provinces, more than 60% of the population is food insecure, of which more than 20% is expected to face food security emergency (IPC level 4). WFP reports that 42% of the population in Kasai are food insecure. The situation is likely to deteriorate further in the coming months, creating large-scale humanitarian needs.

In Burundi, the latest IPC bulletin dated June indicates that in April 2017, at the start of the dry season, the total number of food insecure people (IPC 3 – 4) amounts to 2.56 million people, out of which 700 000 are in phase 4. This represents respectively 26% and 6% of the 11 million total population of the country, which is one of the highest percentages in the Region¹⁶.

In the Republic of Congo, the food security and nutrition analysis which was conducted in June 2017 in the Pool region revealed that more than half of families are affected by food insecurity and face great difficulties in accessing food and meeting their basic needs.

¹⁵ IPC stands for Integrated Phase Classification

¹⁶ Food Insecurity figures of April increased since last in January (2.1 million food insecure persons out of which, 800,000 in phase 3) which were estimated on preliminary outlook of the 2017A season.

Refugees in the region are by essence fully dependent on food assistance provided by the international community in camps. The low level of funding in the Great Lakes has triggered significant cuts in the food rations in several locations.

Populations affected by epidemics

The Great Lakes region is also largely affected by **epidemics**. In DRC, epidemics (e.g. measles with 24 845 cases reported and 315 deaths since the beginning of 2017, or cholera with 38 154 reported cases including 708 deaths) but also malaria, yellow fever, and even Ebola as of 2017 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. Burundi is also affected by a recurrent malaria epidemic. The last severe one affected 8 million people on a total population of 11 million during 2016 and a total of 4 864 976 clinical cases of malaria were registered since the beginning of 2017. The epidemic was formally declared by the Ministry of Health on 13 March 2017.

2) Description of the most acute humanitarian needs

Protection: Displaced populations and people affected by conflict require special consideration in terms of protection throughout the region.

The lack of protection of civilian populations is the overarching key problem in all conflict-affected areas of the DRC¹⁷. Both the national armed forces and the armed groups frequently commit abuses against civilians: arbitrary arrests, extortion, looting forced labour, forced recruitment, acts of violence (including sexual and gender-based violence), torture and executions. In Burundi, violence and violations of human rights, including torture and arbitrary executions, are still regularly occurring. The latest report from the Commission of Inquiry of the UN¹⁸ considers that some of these violations could be qualified as crimes against humanity. In the neighbouring countries, the shrinking asylum space in Tanzania (i.e. episodes of *refoulement*, irregular and arbitrary refugee status determination procedures, political statement about potential return of Burundian refugees and asylum seekers) is of significant concern especially if coupled with the difficulties currently faced by Refugees and Asylum Seekers to cover their basic needs and the tensions between refugee/asylum seekers and host community members which have already resulted into episodes of violence.

Protection must be mainstreamed in all humanitarian interventions and in all sectors mentioned below. Stand – alone protection intervention should be designed to provide assistance to the most vulnerable individuals and communities. An integrated approach (reaching for a protection outcome through other sectors' interventions) is encouraged through targeting exercises based on protection needs assessments, among other methodologies.

¹⁷ Exacerbating protection and GBV structural problems spread out also in non-conflict areas (excessive use of force, impunity, restricted freedom of expression, forced marriage, domestic violence, inheritance rights of women, etc.).

¹⁸ September 2017

Food Assistance, Food Security & Livelihoods: Following previous seasons below average harvests, regional food prices remain above 2014-2016 average. In Burundi, political and economic dynamics also critically influenced supplies and prices.

Fall Army Worm infestation has become a major concern in Southern, Central and Eastern Africa. After its first appearance in early 2016, the pest has rapidly affected majority of the Continent. Whilst the severity of the impact on regional crop production is yet to be established, the pest may cause a serious threat to food security in the next years. Small holding farm households dependent on maize production are particularly vulnerable to this new shock.

In DRC, despite favourable climatic conditions, conflicts, instability and displacement, still remain the main causes for food insecurity. The current political crisis raises significant concerns on the future and the economic stability of the country.

In Burundi, despite a seasonal improvement following the 2017 agriculture season, food security remains extremely critical, particularly for poor farmers affected by reduced off-farm income opportunities in Burundi and abroad. Despite efforts of the development donors and partners to reorient their approaches, humanitarian needs and food insecurity will remain important.

In Tanzania, refugees and asylum seekers from DRC and Burundi have been experiencing food ration cuts since March 2017. Unfortunately, perspectives on food pipeline are not positive and from September 2017 it has been stated that the WFP will be obliged to further reduce food entitlement to about 50%. The pilot Cash Based Transfer targeting 70,000 refugees will also be impacted by the reduction.

Rwanda is also affected by the lack of funding and food ration cuts for refugees and asylum seekers have started in July.

Health: The burden of infectious and non-infectious diseases is very high in DRC. Epidemics, in particular measles, cholera, yellow fever and even Ebola in 2017 are becoming increasingly frequent and extending throughout the country whilst 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 and engagement of health authorities) compounded with 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.

Health also remains a concern in both Burundi and neighbouring refugee camps. Psychosocial needs are also important in the conflict situations in DRC, as well as in the context of the Burundi crisis.

Nutrition: UNICEF estimates that 2 000 000 children under five in DRC, are severely malnourished during the course of a year. Only 15% of children suffering from acute malnutrition have access to nutritional care.

Areas of much higher acute malnutrition levels depending on contingent factors (such as extreme poverty, lack of access to basic services, population displacement, etc.) are frequent and need specific surveillance and response systems. Given the 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. In the absence of a reliable SMART

survey for Burundi, it is difficult to estimate the level and scale of under nutrition but taking into account the food insecurity situation and the malaria outbreak, it is likely to be significant.

Water, sanitation and hygiene (WASH): 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 cholera, which has become endemic in the East nearby the Great Lakes. In the Burundian refugee camps, and in particular in Tanzania, access to water is a major need together with the necessity to ensure a "do no harm" approach for the local/host communities.

Shelter and Non-Food-Items (NFIs): For refugee/IDP camps or settlements, the provision of shelters and NFIs is essential and should be adapted to the reality on the ground, including environment, land tenure and protection concerns. Many have lost their belongings due to widespread and repeated looting and/or through being displaced. In DRC, most IDPs live with host families, thus putting huge pressure on the available communities' shelters. In refugee camps in the region, shelter remains in general a major need both at household and school levels.

Safety and security: The volatile and deteriorating operational environment for humanitarian actors, in particular in DRC, calls for supporting an enhanced and coordinated safety and security awareness, as well as a strictly neutral, impartial and independent action. Humanitarian actors have been subject to an increasing number of attacks making DRC the third country in terms of security incidents targeting NGOs.

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 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. Advocacy remains vital to building a positive understanding of humanitarian actions and principles. Systematic and timely needs assessments, data collection, analysis, presentation and dissemination, are necessary to lead to enhanced humanitarian coordination. Furthermore, advocacy and communication could help increase the level of understanding about the issues at stake in the region, in particular at a time where the Great Lakes crises (both DRC and Burundi crises) are becoming "invisible" and benefit from less funding. It would also help bridge the gap between emergency, relief and rehabilitation and bring more donors, including the development actors, to cover the gaps and look at more sustainable investments.

Logistics: Humanitarian needs are dispersed across the region/countries, often in areas that are hard to access due to geographical remoteness, insecurity and lack of infrastructure such as intact airstrips. Support to logistics may be crucial to implement projects. In DRC, ECHO Flight covered by another HIP is essential.

Self-Reliance: Self-reliance is the ability of people, households or communities to meet their basic needs and to enjoy social and economic rights in a sustainable and dignified

way¹⁹. The refugee and IDP caseloads in the Great Lakes present both challenges and opportunities to involve development stakeholders in order to find more long term and sustainable solutions to protracted situations. Both host communities and displaced populations should be included into programming by humanitarian and development actors. Early engagement of development donors in refugee programming is key. The search for more self-reliance/durable solutions, complementarities and coordination between humanitarian and development stakeholders should be part of the joint response analysis from the very beginning of any crisis.

Education in Emergencies (EiE): The needs on education remain high in DRC with 2.9 million children in need of education services in 2017. The education-related needs of refugees in Tanzania remain largely unmet. With 86% of children between 6 and 14 years old enrolled in primary education, the number of schools remains inadequate, resulting in overcrowded classrooms (with peaks of 200 children per class). With the current double shift strategy it is estimated that a minimum of 625 additional classrooms need to be constructed across the 3 camps in Tanzania (UNHCR, June 2017) to meet education-related international standards. Also, only 5% of children between 15 and 18 are enrolled in secondary education. Inadequate access to quality teaching and learning material, distance of schools, lack of sanitary material (especially for girls) and low number of qualified teachers have been identified among the major challenges for children to access education opportunities²⁰.

Disaster Risk Reduction (DRR) and Resilience: Many areas of the Great Lakes region 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 governments' side. In DRC, there is no existing government Disaster Risk Reduction (DRR) Framework/policies and functioning Disaster Management body, budget and capacity, and no civil protection mechanism.

In DRC, frequent, large scale, unpredictable conflicts are the main triggers for displacement and humanitarian needs. In Burundi, the political crisis is the main cause of the humanitarian concerns, whereas the food insecurity adds up to the natural disasters. The humanitarian response should be risk informed by context analysis and early warning response mechanisms should be flexible enough to enhance timeliness and effectiveness.

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 several parts of the country, including the Kivus, Tanganyika and Kasai (in which FARDC interventions are part of the problem). It also lacks the capacity and/or willingness to address the food and nutritional crises and epidemics. Expenditure on social services and physical infrastructures remains very low compared to the huge scale of the needs and the size of the country.

¹⁹ Communication "Living in Dignity: from dependence to self-reliance – Forced displacement and development – COM(2016) 234 final 26.4.2016.

²⁰ Rapid Education Need Assessment – Nduta Camp (May 2017)

Despite the lack of resources, all countries of the region are hosting refugees fleeing from internal violence/fighting and have granted them the appropriate status, but sometimes with reservations on the conventions (freedom of movement and right to employment, etc.). DRC still grants *prima facie* to refugees from CAR, Burundi and South Sudan while the status of the Rwanda refugees will have to be discussed. Rwanda government is still granting *prima facie* refugee status' to Burundians while Tanzania lifted this status beginning of 2017, going back to individual Refugee Status Determination or even denying access. Rwanda has been particularly involved in ensuring registration and providing security, and MIDIMAR (Minister for Disaster Management) is an active site manager for all transit and refugee sites. The Tanzanian government, after having provided lands, temporary shelter and access to basic services and supported transportation of the refugees, is now expressing some reservations about the legitimacy of Burundians to seek refuge in Tanzania. In line with the current Burundi government discourse claiming that the situation in Burundi has substantially improved and that the country is now sufficiently safe to envisage returns of refugees and asylum seekers, repatriation schemes are discussed. This is however not the analysis of the EU, which estimates that the Burundi crisis is still worsening. However, refolement is already taking place.

2) International Humanitarian Response

In **DRC**, the annual HRP is linked to a 3- year humanitarian response strategy (2017-2019) to tackle the complex, inter-linked and multi-dimensional humanitarian challenges in the country with the aim to significantly reduce humanitarian needs in the long-term. The four main objectives could be summarised as: 1) immediate improvement of the quality of life for the population affected by the conflicts, 2) protection of populations affected by the conflicts, 3) reduction of morbidity and mortality of the populations affected by the conflicts, 4) a fast, effective and accountable response in line with the humanitarian principles. However, despite major needs, international humanitarian funding regularly fails to meet the requirements of the HRP.

The UN works as an integrated mission in DRC, which requires a clear distinction between the instruments for the political stabilisation and independent humanitarian aid. As already mentioned in the "context section", MONUSCO is the biggest DPKO mission in the world, with a reinforced chapter VII mandate and engaging in direct military interventions against armed groups in close collaboration with the FARDC. The humanitarian coordination system includes the Humanitarian Country Team (HCT) of which the Commission/DG ECHO is a member, and inter-cluster coordination consisting of 8 clusters. Coordination among the main traditional donors, including the EC, Members States and the US, works well. DG ECHO is also co-leading the Good Humanitarian Donorship initiative in 2017 together with the Pool fund.

In **Burundi**, UNOCHA re-established its presence in 2015 leading to a better coordination of the humanitarian actors in situ even though there is no HCT as such. The 2017 Burundi Humanitarian Response Plan (HRP) targets 3 million people considered as in need of an emergency response.

There is no Humanitarian Response Plan (HRP) in **Angola, Rwanda, Tanzania and Zambia**. However, Angola is currently having an Interagency Refugee appeal, aiming at covering the needs of the newly 33 000 Congolese refugees from Kasai.

Rwanda and Tanzania fall under the respective Burundi and DRC Refugee Response plans. DRC falls also under three Regional Refugee Response Plans (Burundi, CAR and South Sudan).

3) Constraints and DG ECHO response capacity

Access and humanitarian space: Restricted **access**, either due to insecurity and/or administrative requirements put in place by authorities, as well as context-specific difficulties, such as remoteness and logistics concerns, are major constraints in the region, in particular in DRC and Burundi. The Integrated character of the UN mission may also reduce the humanitarian space in DRC.

Administrative hurdles such as obstacles to import equipment or recruit expatriate staff for the humanitarian response, as well as registration and taxation demands hamper the capacity to deliver aid in a timely, effective and accountable manner.

DRC is vast and tremendously complicated logistically. 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.

Security in DRC remains a major constraint for humanitarian operations. An increase in attacks directly targeting aid workers is an extremely worrying trend, as is the level of pressure and obstruction from various parties that constrains the independence, impartiality and operating space for relief organisations ("blurring of lines"). 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 kidnapping for ransom. The security situation in Kasai is extremely worrying and partners need to be cautious in order to gain a safe access to beneficiaries. Overall, the security situation remains very volatile and other areas may be subject to security incidents and need to be closely monitored.

Preserving **humanitarian space** implies that the delivery of humanitarian assistance must be based on independently assessed and verified **needs and access**. In that respect, dialogue with all parties needs to be pursued and International Humanitarian Law (IHL) dissemination ensured.

The risk of **instrumentalisation** of humanitarian aid remains high, leading to a potential misperception about the independence and neutrality of the humanitarian action. It puts at risk humanitarian workers' safety while reducing access to the most vulnerable. In the DRC, the focus on stabilisation in some areas has the potential to put at risk access and shrink the humanitarian space.

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 perform 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 channelled through government structures. A new law that governs the registration of INGOs is imposing a set of rules that make their work very difficult, for example: no independent

assessment in the border area with Tanzania, staff ethnic composition, bank restriction, etc.

Partners:

DG ECHO has an extensive partner network in most of the countries of the Great Lakes region, and in particular DRC.

It remains paramount for DG ECHO partners to ensure adequate implementing capacities and that all activities involving transfer of resources are properly monitored and supported by strong accountability mechanisms. It is important as the risk of aid diversion may be particularly high in some areas. DG ECHO partners are reminded that they should immediately inform DG ECHO of any irregularities, incidents or events, in particular regarding aid misappropriation and theft, likely to hamper or delay the implementation of the action and resulting in negative financial consequences.

Cost effectiveness and efficiency

The high level of insecurity in part of the region has a direct impact on the costs of the operations that needs to be taken into account. Likewise, self-reliance policies that aim at including the local/host communities in the refugee and IDP response may have an impact on the overall operational costs and should be taken into account.

The absorption capacity of refugees host countries is limited and almost fully dependent 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.

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

In view of the nature of the crises in the Great Lakes region, mostly man-made related, both acute and protracted, and the significant number of people affected either by forced displacement and/or food insecurity and malnutrition, DG ECHO will focus on protection, vulnerabilities and life-saving assistance. It will prioritize the population at highest risk – based on objectively assessed needs – provided that humanitarian response can be effective, whilst at the same time not compromise any effort to link with development actors in view of seeking long-term solutions to recurrent issues i.e. in particular for forced displacement.

In DRC, humanitarian operations will be articulated with the existing development programs in order to maximize impact and improve access to quality health care for affected populations. Integrated interventions will be promoted and local capacities supported to strength health structures resilience

During the implementation of this HIP, special attention will be given to relevant aspects of international humanitarian and refugee laws, humanitarian access and humanitarian principles. Further, humanitarian advocacy and mediation interventions will be needed to secure effective access to the most vulnerable populations and ensure the delivery of sustainable, coordinated and principled humanitarian assistance.

As a general remark, a **multi-sectoral approach** will be encouraged in project implementation in order to ensure an integrated response to the needs of the most vulnerable.

It is to be noted that depending on budget availability, and in view of the very significant needs in the region, prioritisation will have to be made. The DRC crisis may still absorb the bulk of the funding in view of the scale of the needs and the level of vulnerability of its population.

- Emergency response, including crisis modifiers, Emergency Preparedness and response (EP&R) and Rapid Response Mechanisms

DG ECHO will continue to prioritise the response to new emergencies, which can also be the result of the deterioration of an existing crisis ("*a crisis within the crisis*"). DG 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.

The humanitarian strategic objective of DG 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:

- Enhance the protection of civilian populations both displaced and residing in conflict-affected regions ;
- Reduce the mortality and morbidity within communities affected by the crises of diverse origins (conflict, epidemics, acute malnutrition, food insecurity) or those at risk in areas where emergency thresholds have been reached;
- In light with the severity and the magnitude of the problem, a specific attention will be given to nutrition aspects;
- Improve living conditions through access to minimum basic services (health, WASH, food, nutrition, education in emergency, etc), reduce vulnerability and preserve dignity for conflict-affected and food insecure population including internally displaced populations, refugees and host communities;
- Support the humanitarian community's capacity to deliver assistance to the most remote areas through air transport,²¹ coordination and security support.

- Response in the framework of protracted displacement situations

In the Great Lakes region, forced displacement situations have the tendency to become protracted whilst at the same time being aggravated by new displacements. Needs-based targeting will be key to ensure that priority is given to the most vulnerable throughout their displacement. Rapid response capacity should be quickly scaled-up in the case of large-scale movements. For protracted refugees and IDPs, specific response modalities, that go beyond care and maintenance and seek to increase self-reliance, could be embedded into the response if budgetary availability allows it. Interventions should also as far as possible take into consideration the host populations. DG ECHO will pay particular attention to any opportunity to enforce the EU Communication on Forced displacement and development entitled "*Lives in dignity: from aid-dependence to self-reliance*" adopted in 2016²².

²¹ DG ECHO's support to air transport, mainly through the ECHO Flight operation, funded under a separate HIP, will be maintained throughout 2018, and extended if necessary.

²² Com(2016) 234 final.

Return of IDPs and refugees to their respective countries/areas of origin or choice must remain voluntary, informed and take place in safety and dignity. It also needs to be coordinated and follow the same assistance strategies in the country/area of return in order not to create further disparity.

In the past years in the region, there has been a strategic shift from traditional food-in-kind distribution to cash-based transfers both for the host population and the displaced. In order to enhance efficiency, accountability and scalability, the increasing uptake of cash transfers to meet basic needs of affected populations should be pursued as the preferred modality whenever relevant and feasible.

- General considerations for all interventions

All humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy²³.

Effective coordination is essential. DG ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and expects its partners to demonstrate their engagement in implementing its objectives and to actively take part in coordination mechanisms (e.g. Humanitarian Country Team, clusters and technical working groups).

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 DG ECHO interventions

In the Great Lakes, DG ECHO provided EUR 37 million through the **2017 HIP** in response to humanitarian needs in the region. EUR 27.7 million were directed to DRC (among them EUR 5 million for the Kasai), EUR 8.3 million to refugees in Tanzania and EUR 1 million to Burundi.

ECHO Flight 2017 HIP to secure safe air transport to humanitarian actors amounted to EUR 16 million of which about 50% was spent in DRC.

The **Emergency Toolbox HIP** may be drawn upon for the prevention of, and response to, outbreaks of **Epidemics**. Also, under this HIP the **Small-Scale Response** and **Disaster Relief Emergency Fund** (DREF) instruments may provide funding options.

2) Other concomitant EU interventions

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

²³ http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf;
http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en

programmes are also implemented in areas affected by humanitarian crises such as the Kivus and Kasai.

DRC benefits from a number of thematic budget lines, including: (i) the European Initiative for Democracy and Human Rights, (ii) Food Security, and (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 field of security sector reform.

The EU is providing support to vulnerable women, both victims of SGBV and female sex workers living around artisanal mines, as well as girls and boys in the east of DRC with access to holistic quality health services as well as judicial support and economic and educational reintegration with a total amount of EUR 5 350 000 (two grants to Panzi foundation). This complements efforts against gender-based violence supported by humanitarian interventions in South Kivu for decades.

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 Burundian population through initiatives to ensure access to basic services (health support with a total amount of EUR 40 000 000), and agriculture and nutrition assistance (EUR 15 000 000). These actions in favour of the Burundian population are closely coordinated with ongoing humanitarian actions. A new measure to support the resilience of the population (EUR 95 000 000) has been recently adopted by the Commission and intends to respond to health and nutrition emergencies in addition to other sectors. A joint humanitarian /development framework could be a potential answer to the crisis.

In Tanzania, the EU is currently analysing options to support the Burundian refugee crisis, possibly with the EU Trust Fund, in order to complement humanitarian interventions and offer longer term responses to current needs. A joint DG ECHO/DEVCO mission took place beginning of February 2017 in view of identifying the most relevant sectors for such interventions. However, the lifting of the *prima facie* status for Burundians, the refusal of the authorities to envisage allocating a new land with an appropriate access to water coupled with *refoulement*, a rigid encampment policy and the political discourse related to the improved situation in Burundi paving the way to the return of refugees and asylum seekers, does not provide at this stage all the necessary conditions to go ahead as quickly as envisaged. The current position of the President was perceived as a confusing shift in comparison to the commitments made in the framework of the New York declaration for Refugees and Migrants, and the consequent selection of Tanzania as one of nine pilot countries/crises for the Comprehensive Refugee Response Framework (CRRF). It has somehow delayed the process, in addition to the difficulties to identify appropriate development partners to implement such an approach. It is however likely those interventions may be designed in view of an implementation in 2018.

3) *Other donors' availability*

In **DRC**, the presence of traditional donors such as USAid/OFDA/FFP, DFID, SIDA is to be noted, although humanitarian funding has generally reduced. With regards to the refugees, the main donors involved with DG ECHO remain the US (PRM, FFP) and DFID.

The 2017–2019 multi-annual DRC Humanitarian Action Plan has a funding requirement of USD 812 600 000, with only 32% of it being covered by October 2017.

The Emergency Flash Appeal issued in April 2017 for the Kasai crisis, aiming at covering six months, amounts to USD 64 500 000 and is still poorly funded with around USD 15 000 000.

The **Angola** Interagency Refugee Appeal, aiming at covering the needs of the newly Congolese refugees from Kasai, amounts at USD 65 500 000, including some USD 36 700 000 for UNHCR.

In **Burundi**, the main donors remain development donors including DFID, USAid, the different cooperation agencies (German, Belgian, Swedish, Swiss). The 2017 Burundi Humanitarian Response Plan (HRP) of USD 73 700 000 is covered at 45.7%.

The Regional Burundi Refugee Response Plan of approximately USD 250 000 000 is covered at 6%.

In **Tanzania**, and in **Rwanda** the main donors are PRM, DFID, SIDA. In **Zambia**, it is Japan.

4) Exit scenarios

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.