

HUMANITARIAN IMPLEMENTATION PLAN (HIP) GREAT LAKES REGION¹

The full implementation of this version of the HIP is subject to the adoption of the decision amending Decision ECHO/WWD/BUD/2019/01000

AMOUNT: EUR 72 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2019/01000 (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'S² 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.

0. MAJOR CHANGE SINCE THE PREVIOUS VERSION OF THE HIP

Third Modification as of 30 November 2019

A severe drought is affecting large parts of southern Africa, including large areas in southern and western **Zambia**, and resulting in acute humanitarian needs. The number of food insecure people at acute crisis and emergency levels increased to an estimated 2.3 million people for the lean season period from October 2019 until March 2020, representing one quarter (24%) of Zambia's rural population. These numbers and the geographical extension are unusually high for Zambia. At the same time, northern and eastern parts of Zambia have been heavily affected by flash floods and water logging. The drought and the flash floods have resulted in very low agricultural yields: While Zambia is usually the second biggest grain supplier in the region it is now experiencing a production deficit of cereals. Concurrently, the country is facing economic challenges, which weaken the government's capacity to respond to the humanitarian needs of its population.

On the basis of the current identified needs, an additional amount of EUR 2 million has been mobilised to support the humanitarian response to acute needs in terms of food security, prioritising populations and areas most heavily affected.

Second Modification as of 30 October 2019

In **Rwanda**, the funding pipeline to cover the food needs of refugees is running out of resources. Consequently, food rations had to be substantially scaled down. Malnutrition is already widespread across Burundian refugees and reduced food rations are likely to have a further negative impact on malnutrition rates. Burundian refugees rely almost fully on international assistance to meet their food needs, as livelihood options are scarce. Previous food ration cuts have already been experienced in the country given the dire funding situation of the Burundian refugee response, resulting in negative coping mechanisms (e.g. from parents forgoing meals in favour of children, to child labour and prostitution) and an overall increase of tensions and violence including sexual violence.

¹ The Great Lakes' region for this HIP covers: Angola, Burundi, Democratic Republic of Congo, Republic of Congo, Rwanda, Tanzania and Zambia.

² Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO).

On the basis of the current identified needs, an additional amount of EUR 1 million has been mobilised to further support the food assistance to the Burundian refugees in the Mahama camp.

First Modification as of 21 June 2019

While the ongoing outbreak of Ebola virus disease (EVD) in the Democratic Republic of Congo (DRC) was officially declared on 1 August 2018, a drastic deterioration has been noted more recently. Less than 1 000 EVD cases were reported in the first eight months of the outbreak till end of March 2019, but then the number doubled within 71 days. 2 190 EVD cases were reported on 20 June 2019. This epidemic is by far the largest ever in the DRC.

The United Nations responded to this deterioration by appointing a UN Emergency Ebola Coordinator and by activating a humanitarian system-wide scale-up of the Ebola response in May 2019.

The main obstacle for the response remains the fact that this outbreak is also the first one in an active conflict-zone marked by a long-term humanitarian crisis. Every time there is a security incident, the virus gets to circulate freely in local communities because the Ebola response teams cannot do their prevention, detection and treatment work. At the same time, there is a very high risk of the virus spreading further inside the DRC (but also into neighbouring countries, in particular Uganda, Rwanda, Burundi and South Sudan).

In order to effectively end the outbreak, an explicit recognition has emerged that the response needs to acknowledge the main concerns of local populations and to address their most urgent humanitarian and protection needs. Most people in the Ebola-affected areas and regions with Ebola preparedness actions are mainly worried about lack of food and lack of protection against militia attacks, which have created large displacement and a very high prevalence of gender-based violence. The DRC faces the second largest food crisis worldwide. The food insecurity is particularly high in the country's conflict-affected areas – including the Ebola-affected zones in the provinces of North Kivu and Ituri – where people have been forced to abandon homes, farms, fields and livestock.

On the basis of the current identified needs, an additional amount of EUR 30 million has been mobilised to further support the Ebola response in the DRC at this critical juncture and to address the most urgent humanitarian needs of vulnerable populations in the areas affected by Ebola or exposed to a high risk of a spread of the virus in the DRC³.

1. CONTEXT

While this HIP covers seven countries, it focuses in particular on the humanitarian needs triggered by the crisis situations in the **Democratic Republic of Congo (DRC)** and **Burundi** with the latter resulting in large numbers of Burundian refugees in the region.

Overall, the Great Lakes region continues to be confronted with a multitude of crises, both protracted and acute, affecting a significant number of people. Crises include armed conflicts and high levels of insecurity leading to recurrent forced displacement, food insecurity and under-nutrition, but also recurrent outbreaks of epidemics and natural disasters such as floods. Many crisis-affected people lack livelihood opportunities and often live in extreme poverty. Access to basic social services and the rule of law are

³ Provinces of North, Kivu, Ituri, South Kivu, Tshopo, Manemia, Tanganyika, Haut-Uélé, Bas-Uélé, Kasai Oriental, Haut Lomami, according to the Strategic (Ebola) Response Plan.

inadequate or inexistent, especially in the **DRC** and in **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 one million refugees, mainly from **Burundi**, the **DRC**, **Rwanda**, Central African Republic and South Sudan. The **DRC** and **Tanzania** host the largest refugee caseloads in the Great Lakes' region with more than half a million refugees in the **DRC** and over 320 000 refugees and asylum seekers in **Tanzania**. In addition, around 4.5 million people are internally displaced in the **DRC** - the highest caseload of IDPs in Africa - while over 400 000 Congolese have sought refuge in neighbouring countries. Approx. 180 000 people are internally displaced in **Burundi**.

A return of IDPs is noted in the **Republic of Congo** and its Pool region where over 100 000 people had fled the armed conflict in 2016-2017, and following the signing of a peace agreement in December 2017.

Food insecurity and under-nutrition are significant in the Great Lakes' region, but varying from country to country and affecting in particular millions of people in the **DRC** and **Burundi**.

The Great Lakes' region is also largely affected by epidemics such as measles, malaria, cholera and yellow fever. The **DRC** has also seen its ninth and tenth outbreak of Ebola virus disease in 2018.

In the **DRC**, the humanitarian situation has further deteriorated in 2017 and 2018. The 2018 Humanitarian Response Plan for the country was the highest ever, requiring a staggering USD 1.68 billion. High humanitarian needs exist throughout the vast country, but the situation is particularly challenging with ongoing complex emergencies and crises in the eastern provinces of North and South Kivu, Tanganyika and Ituri as well as in the greater Kasai region. Out of 178 countries, the DRC is considered to be the sixth most fragile state in the world in 2018 (source: Fragile State Index 2018). The country hosts the largest mission of the United Nations' Department for Peacekeeping Operations, the *Mission de l'Organisation des Nations Unies pour la Stabilisation en République Démocratique du Congo* (MONUSCO). It engages in direct military interventions against armed groups in close collaboration with the Congolese army, the *Forces Armées de la République Démocratique du Congo* (FARDC)⁴. In parallel, it is part of MONUSCO's mandate to facilitate the elections logistically. Political tensions in view of the much delayed general elections - now scheduled for 23 December 2018 - and the socio-economic degradation have been compounded by a sharp increase in violence and inter-communal tensions. Significant protection concerns exist, including targeted attacks against civilians and gender-based violence. Violence has taken hold in previously peaceful areas and often prevents access to local markets and farmers from tilling their land which further contributes to the deterioration of humanitarian conditions. Food insecurity and malnutrition in the DRC are at "historically high levels" (UN), including two million children acutely severely malnourished.

Burundi's political crisis, ongoing since 2015, has triggered a major socio-economic downturn in an already very poor and fragile country. Out of 178 countries, Burundi is

⁴ A multitude of several dozen local armed groups are active mainly in the eastern part of the DRC, as well as a number of armed groups of foreign origin such as the Allied Democratic Forces (ADF), Forces Démocratiques de Libération du Rwanda (FDLR), National Forces of Liberation (FNL) and the Lord's Resistance Army (LRA).

considered to be the 17th most fragile state in the world in 2018 (source: Fragile State Index 2018).⁵ The worsening economy threatens to incite further violence in an already unstable country. Violations of human rights occur. There is an increasing humanitarian impact of the political and economic crises, also affecting the region. The 2018 Humanitarian Response Plan for Burundi identified around 3.6 million people affected by the crisis. Over 170 000 people are internally displaced and around 400 000 Burundians have sought refuge in neighboring countries, the majority in **Tanzania** (around a quarter of a million) which is increasing the pressure on refugees to return despite the fact that the situation is not conducive for returns. The EU has suspended direct financial aid to the Burundian government⁶. Development cooperation is channeled through NGOs, EU Member States' agencies and UN agencies.

Rwanda hosts nearly 70 000 refugees from Burundi - and around 80 000 refugees from the DRC. The country joined the Comprehensive Refugee Response Framework (CRRF) in 2018, while Tanzania formally withdrew from the CRRF in early 2018. **Zambia** is hosting over 40 000 Congolese refugees. **Angola** hosts over 35 000 Congolese refugees as a result of the crisis in the Kasai region.

DG ECHO'S Integrated Analysis Framework for 2018-2019 identified high humanitarian needs for both crisis situations, in **Burundi** and the **Democratic Republic of Congo**. The vulnerability of the population affected by the crises is assessed to be also very high (see below).

2. HUMANITARIAN NEEDS

1) People in need of humanitarian assistance

■ “ Internally Displaced Persons (IDPs)

In the **DRC**, there are around 4.5 million IDPs⁷. Continuing and partly escalating conflict in Ituri, North and South Kivu and the Kasai region newly displaced at least 946 000 people in the first half of 2018. IDPs represent a significant percentage of people in acute livelihood and food crisis in the country. They are often located in remote areas hardly accessible for humanitarian actors. The provinces and regions with the highest numbers of IDPs are North Kivu (approx. 1.2 million), Kasai (approx. 900 000), South Kivu (approx. 650 000) and Tanganyika (630 000).

A potential further increase of political tensions in the run-up to the general elections in the DRC at the end of 2018 could negatively impact the humanitarian situation, including displacement.

In **Burundi**, over 170 000 people are internally displaced, according to IOM. The main reasons are natural disasters (such as floods), the volatile political and security situation, and high levels of food insecurity in some areas of the country.

In the **Republic of Congo**, as the security situation seems to have stabilised in the province of Pool, displaced populations are gradually returning to their places of origin. Still, the consequences of the conflict, notably over infrastructures and productive assets,

⁵ Republic of Congo: 29th most fragile state out of 178; Angola: 33rd; Rwanda: 34th; Zambia: 41st and Tanzania: 64th (2018 Fragile State Index).

⁶ Council Decision (EU) 2016/394 of 14 March 2016, closing consultations under Article 96 of the Cotonou Agreement.

⁷ Source OCHA

compromise the capacity of the returnees to resettle.

■ Refugees⁸ 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 the DRC, and the conflicts in the Central African Republic (CAR) and South Sudan.

Angola hosts around 35 000 refugees who have been arriving since April 2017, in Angola's Lunda Norte province, fleeing violent attacks in the DRC's Kasai region.

Burundi hosts some 70 000 refugees from the DRC.

The **DRC** hosts more than half a million refugees, mainly from Rwanda, CAR, South Sudan and Burundi. It is also the country of origin of more than 600 000 Congolese refugees in neighboring countries of Uganda, Rwanda, Tanzania, Burundi, Angola and Zambia, some for more than a decade. In the DRC, the Rwandan refugees are mostly located in the eastern provinces, not in camps, but settled with the local populations. The refugees from CAR are mainly located in the northern provinces of South and North 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 mainly located in South Kivu. The more recently arrived South Sudanese refugees are staying in Haut-Uele and Ituri. However, 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** hosts around 15 000 refugees from the DRC and over 30 000 from CAR.

Rwanda hosts over 80 000 refugees from the DRC and around 70 000 refugees from Burundi. Around 60 000 of the latter live in Mahama camp, while the rest live as urban refugees in the Kigali region.

In **Tanzania**, around 85 000 Congolese refugees and asylum seekers are hosted together with around a quarter of a million Burundian refugees and asylum seekers in three overcrowded camps (Nyarugusu, Nduta and Mtendeli). Tanzania stopped granting the prima facie refugee status to Burundians in 2017 and considerably slowed down the refugee status determination process. Refoulement is also taking place as Tanzanian authorities no longer accept refugees from Burundi, while at the same time promoting the return of those who have so far benefitted from the country's hospitality.

Zambia's capacity to deal with an increasing number of refugees has been tested since a refugee influx from the DRC since September 2017 has increased the number of Congolese refugees in the country to over 40 000. In total, Zambia hosts around 75 000 refugees. The country participates in the Comprehensive Refugee Response Framework and the 2017 Refugee Act provides the legislative prerequisites for the application of comprehensive refugee responses.

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 persons/caseloads, using a clear targeting approach towards the most vulnerable. In most cases, the majority of newly arrived

⁸ Source for all refugee figures: United Nations High Commissioner for Refugees (UNHCR).

refugees are women, children and unaccompanied minors, raising also major protection concerns.

■ **Returnees**

In **Burundi**, additional needs for returnees can be noted due to two developments: (1) Growing political pressure from the Burundian and the Tanzanian governments for people not to enter Tanzania to seek asylum, and (2) the push by Tanzanian authorities for repatriation (even if the socio-economic situation is dire in Burundi, not to mention the political tensions).

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 the DRC and Burundi.

In the **DRC**, the last official Integrated Food Security Phase Classification (IPC) data revealed an estimated 7.7 million people - ten percent of the population - to be food insecure. And there are indications for a further strong increase in food insecurity. Poor climatic conditions will 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 with more than 20% at emergency level (IPC level 4). The World Food Programme (WFP) reported that four out of ten people in Kasai are food insecure.

In **Burundi**, the latest IPC data indicated that during the primary lean season from October to December 2018, the total number of food insecure people at crisis or emergency level (IPC phases 3 and 4) would amount to 1.72 million people (out of a population of approx. 11 million).

Camp-based refugees in the region are in most cases fully dependent on humanitarian assistance, including food. The low level of funding for refugees in the Great Lakes in recent years 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 the **DRC**, epidemics such as measles but also malaria, cholera, yellow fever, and also Ebola are a recurring phenomenon across the country, which constitutes another major area of concern and would require a long term effort from authorities to significantly improve existing health structures and vaccination coverage. In 2018 alone, two Ebola epidemics were declared at opposite sides of the country. 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 Ministry of Health (MoH) reported a cumulative number of over 2.3 million malaria cases with 1 164 deaths during the first 24 weeks of 2018. The fight against malaria remains a priority for the health sector.

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 **DRC**⁹. Both, national armed forces non-state armed actors frequently commit abuses against civilians: arbitrary arrests, extortion, looting forced labour, forced recruitment, acts of violence (including gender-based violence), torture and executions. In **Burundi**, violence and violations of human rights are occurring. The returns of Burundian refugees from **Tanzania** could further increase the hardship in the return regions and thus expose them to real protection concerns. The shrinking asylum space in Tanzania (i.e. episodes of *refoulement*, irregular and arbitrary refugee status determination procedures, political statements about return of Burundian refugees and asylum seekers) is of significant concern especially when 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 interventions would need to 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.

Food Assistance, Food Security & Livelihoods:

In the **DRC**, despite favourable climatic conditions, conflicts, instability and displacement remain the main causes for food insecurity.

In **Burundi**, despite a seasonal improvement following the 2018 agriculture season, food security remains critical, particularly for poor farmers affected by reduced off-farm income opportunities. Despite efforts of development donors and partners to reorient their approaches, humanitarian needs and food insecurity is expected to remain important.

In **Tanzania**, refugees and asylum seekers from the DRC and Burundi have been experiencing food ration cuts in 2017 and 2018. Perspectives of the food pipeline are not positive. The pilot cash-based transfers targeting 70 000 refugees was stopped by the Tanzanian authorities and markets have been largely closed in and around the camps.

Rwanda is also affected by the lack of funding for the refugee response and food ration cuts have started in July 2017.

Health:

The burden of infectious and non-infectious diseases is very high in the DRC. Epidemics, in particular measles, cholera, yellow fever and Ebola virus disease outbreaks are occurring more frequently with an extended geographical scope. The number of reported malaria cases is also on the rise. The prevalence of mental health problems is high and is a challenge given the overall desolate health system in the country. 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

⁹ 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.).

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 the refugee camps in neighbouring countries. Psychosocial needs are also important in conflict situations such as in the DRC, as well as in the context of the Burundi crisis.

Nutrition:

UNICEF estimated that two million children under five are severely malnourished in the **DRC** 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.

A SMART survey conducted in **Burundi** in February-March 2018 showed that 11 out of 46 health districts are at risk of global acute malnutrition. Stunting rates exceed 50 percent in 43 out of the 46 rural health districts. It is still difficult to estimate the level and scale of under-nutrition, but taking into account the food insecurity situation and the very high prevalence of malaria, 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 (NFLs):

For refugee/IDP camps and 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 the **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 the **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 the DRC one of the most insecure countries for humanitarian aid workers and NGOs to work

Coordination, advocacy and communication:

The complex nature of the conflict in the DRC and the mandate of MONUSCO with a 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. Humanitarian actors need to defend their image and core principles of neutrality, impartiality, humanity and independence in order to ensure access to conflict-affected populations. 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 - and helps bridging the gap between emergency, relief and rehabilitation while including development actors to cover gaps and look at more sustainable investments.

Logistics:

Humanitarian needs are dispersed across the region, often in areas that are hard to access due to geographical remoteness, lack of infrastructure and volatile security situations. Logistics are a crucial element to implement aid projects, as well as an important cost factor, and which requires adequate capacity and a proper strategy.

In the **DRC**, ECHO Flight provides essential humanitarian air services (and is covered by its own HIP).

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 way¹⁰. 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 (a positive example in this context is **Rwanda** which joined the Comprehensive Refugee Response Framework/CRRF in 2018). 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 the **DRC** with around three million children in need of education services. In **Tanzania**, the education-related needs of refugees remain largely unmet. While more than eight out of ten children between 6 and 14 years are enrolled in primary education, the number of schools remains inadequate, resulting in overcrowded classrooms. 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 opportunities.

Disaster Risk Reduction (DRR) and Resilience:

Many areas of the Great Lakes' region frequently experience natural disasters that overwhelm the coping capacities of communities and authorities. Authorities invest few resources to prepare for emergency response and disaster risk reduction measures. In the **DRC**, there is no existing government DRR policy framework or a functioning disaster management body, budget and capacity, and no civil protection mechanism.

In the **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 / early response mechanisms should be flexible enough to enhance timeliness and effectiveness.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

1. The government of the **DRC** lacks the capacity and/or willingness to address the humanitarian consequences of the high insecurity and fighting in several parts of the country, including the Kivus, Tanganyika, Ituri and Kasai. At the same time, interventions by the national armed forces (FARDC) are sometimes perceived by local populations more "part of the problem" than a solution in terms of protection. Authorities also lack the capacity and/or willingness to address the food and nutritional crises and epidemics (with the exception of Ebola, where the Ministry of Health has taken a strong

¹⁰ Communication "Living in Dignity: from dependence to self-reliance - Forced displacement and development - COM(2016) 234 final 26.4.2016.

stance in 2018). Expenditure on social services and physical infrastructures remains very low compared to the huge scale of the needs and the size of the country.

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.). The **DRC** still grants *prima facie* to refugees from CAR, Burundi and South Sudan while the status of the Rwandan refugees will have to be discussed. The government of **Rwanda** is still granting *prima facie* refugee status to Burundians refugees while **Tanzania** lifted this status already in 2017, going back to individual refugee status determination, or even denying access. **Rwanda** has been particularly involved in ensuring registration and providing security it is now issuing IDs to some refugees, to enable them to move freely and access social services and jobs. The Minister for Disaster Management is an active site manager for all transit and refugee sites. The government of **Tanzania**, after having provided land, temporary shelter and access to basic services and supporting transportation of refugees, is now expressing 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 in place. This view is however not being shared and the situation in Burundi is perceived as not being conducive for a returnee influx. However, *refoulement* and returns continue to take place.

2) International Humanitarian Response

In the **DRC**, the annual Humanitarian Response Plan (HRP) is linked to a three 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. As previously stated, the 2018 HRP was the highest ever, requiring USD 1.68 billion. And this figure does not include appeals by the International Committee of the Red Cross and *Médecins Sans Frontières*, as well as the requirements for the Ebola epidemics' response.

The UN works as an integrated mission in the 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 eight clusters. Coordination among the main traditional donors, including the Commission, EU Members States and other donors such as, Canada, Norway, Switzerland and the US, works well.

In **Burundi**, the UN Office for the Coordination of Humanitarian Affairs (OCHA) 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 2018 Burundi Humanitarian Response Plan (HRP) targets 3.6 million people considered as in need of an emergency

response (however, Burundian authorities rejected the HRP, arguing figures were biased and unilaterally drafted).

There is no Humanitarian Response Plan (HRP) neither in **Angola, Rwanda, Tanzania** nor **Zambia**.

The 2018 **Angola** Inter-Agency Refugee requires nearly USD 64 million for a planning figure of 50 000 refugees.

Rwanda and **Tanzania** fall under the respective Burundi and DRC refugee response plans. The **DRC** falls also under three regional refugee response plans, reflecting the presence of refugees from Burundi, CAR and South Sudan in the country.

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 the **DRC** and **Burundi**. The integrated character of the UN mission may also reduce humanitarian space in the 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.

The DRC is a vast country and tremendously complicated in **logistical** terms. 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 the DRC.

Security remains a major constraint for humanitarian operations in the **DRC**. An increase in attacks directly targeting aid workers is a very 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 not only in the Kivus and Tanganyika. Aid workers are victims of attacks and kidnapping for ransom. The security situation in too many regions is extremely worrying and partners need to be cautious in order to gain 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. The government intends to operationalize through a decree the law from 2017 that governs INGOs, by imposing a set of rules that would make their work increasingly 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 in the 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. 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

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 prioritise the population at highest risk - based on objectively assessed needs - provided that humanitarian response can be effective, whilst at the same time not compromising 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 the **DRC**, humanitarian operations will be articulated with the existing development programmes in order to maximise impact and improve access to quality health care for affected populations. Integrated interventions will be promoted and local capacities supported to strengthen 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 continue to absorb the bulk of the funding given the scale of needs and the level of vulnerability of its population.

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.

In addition to the protracted and large scale disasters, the region - and in particular the DRC - is characterised by recurrent man-made and natural medium to small size rapid on-set crises. While the probability of occurrence of such more localised crises is high, it is difficult to anticipate their location. With preparedness for response and early action an emerging priority for DG ECHO, two models for strengthening early response capacity will be prioritised: (1) rapid response mechanisms (RRM) as stand-alone actions; and (2) crisis modifiers (CM) as part of an action but as a separate result with a dedicated budget.

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, and using environmentally friendly solutions, if possible, through integrated multi-sector approaches when relevant and feasible, in order to:

- o Enhance the protection of civilian populations both displaced and residing in conflict-affected regions;
- o 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;
- o In light with the severity and the magnitude of the problem, a specific attention will be given to nutrition aspects;
- o 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;
- o Support the humanitarian community's capacity to deliver assistance to the most remote areas through air transport,¹¹ 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

¹¹ Including through the 2018 ECHO Flight HIP.
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embedded into the response if budgetary availability allows it. Interventions should take host populations into consideration as far as possible. 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 2016¹².

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 is encouraged 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 policy¹³.

4. NEXUS, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

ECHO Flight, securing safe air transport to humanitarian actors, in particular in **DRC**, is subject of a separate HIP.

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

2) Other concomitant EU interventions

In the 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 programmes are also implemented in areas affected by humanitarian crises such as Ituri, the Kivus and Kasai. The EU aims at the strengthening of the health system with a particular focus on accessibility and quality of the services.

The DRC benefits from a number of thematic budget lines, including: (i) the European Initiative for Democracy and Human Rights, (ii) Global Public Goods and Challenges and (iii) Civil society organisations and local authorities in development.

¹² Com(2016) 234 final.

¹³ 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

Through the PRO-ACT programme, the EU intervenes in areas very affected by malnutrition crises. The EU is also involved in the field of security sector reform.

The EU also provides support to vulnerable women, both victims of gender-based violence and female sex workers living around artisanal mines, as well as girls and boys in the east of the DRC with access to quality health services as well as judicial support and economic and educational reintegration with a total amount of EUR 5.35 million (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 financial support and payments directly benefiting the Burundian administration or public institutions), 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 million), and agriculture and nutrition assistance (EUR 15 million), both decided in 2016. These actions in favour of the Burundian population are closely coordinated with ongoing humanitarian actions. A measure to support the resilience of the population with EUR 95 million, approved in 2017 on health, rural development/nutrition and rural energy sectors, is being implemented by Member States agencies, international organisations and NGOs. In addition, a EUR 7 million envelope to support civil society is planned for decision by the end of 2018. A humanitarian/development nexus framework could be a potential answer to the crisis.

In **Tanzania**, the government's withdrawal from the Comprehensive Refugee Response Framework (CRRF) in early 2018 has made it very difficult to garner support amongst the government to offer longer term responses to existing needs.

3) Other donors' availability

In the **DRC**, the presence of traditional humanitarian donors is to be noted, including USAID/OFD A/FFP, Belgium, the UK (DfID) and Sweden (SIDA). Regarding the refugee response, the main humanitarian donor interlocutors for DG ECHO remain the US (PRM, FFP) and the UK (DfID). A first-ever international humanitarian conference on the DRC was organised in Geneva in April 2018 (and co-hosted by the EU) to attract additional attention to the crisis in the country and seek more funding. By September, humanitarian funding for the crisis in the DRC has reached more than USD 585 million. However, the 2018 Humanitarian Response Plan requires USD 1.68 billion. Additional funding to cover the response to the outbreaks of Ebola virus disease in the DRC was fully assured.

In **Burundi**, the main humanitarian donors remain those present in the development sphere including, to some extent, DfID, USAID and different cooperation agencies (mainly those of Belgium, Germany, The Netherlands and Switzerland). The 2018 Burundi Humanitarian Response Plan (HRP) required USD 141.8 million with 26% covered in September 2018. The Burundi Regional Refugee Response Plan requires USD 391.2 million with 12% covered in September 2018.

4) Exit scenarios

The real options for exiting completely, from entire countries or regions, are currently very limited in the context of the ongoing crises in the **DRC** and regarding the Burundian refugees. New crisis situations are arising on a regular basis, especially in the DRC, 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.