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**HUMANITARIAN IMPLEMENTATION PLAN (HIP)**  
**THE DEMOCRATIC REPUBLIC OF THE CONGO AND REFUGEES IN THE**  
**GREAT LAKES REGION**

## **1. BACKGROUND**

Despite its abundant natural resources, the Democratic Republic of the Congo (DRC) was **ranked last in the world in the Human Development Index** in 2011 and its vulnerability index and crisis index ratings are amongst the highest in the world. The situation has deteriorated recently at a political level following the controversial campaign and outcome of the 2011 presidential and parliamentary elections.

The humanitarian situation in DRC remains fragmented, largely on account of localised conflicts and operations conducted by the Government and MONUSCO (the UN Stabilisation Mission in DRC) to counter the activities of the numerous armed groups in the east of the country. While there has been a **gradual stabilisation in Equateur province** in the west of the country and Congolese refugees have begun to return from the neighbouring Republic of the Congo, **eastern DRC continues to give rise to widespread concern and has seen a clear deterioration in the situation in a number of areas since the start of 2012.**

The first signs of major new population displacements were in South Kivu in January 2012 following military operations led by the Congolese army mainly against the Democratic Liberation Forces of Rwanda (FDLR).

Since April 2012 the rising tension between armed groups and the Congolese army has also affected North Kivu. The situation in the province has deteriorated significantly following the formation of a new armed group, M23, most of whose members are former members of the National Congress for the Defence of the People (CNDP).

Since the resurgence of tensions in North Kivu, Congolese armed forces (FARDC) from other regions have been redeployed and the vacuum they have left behind in other areas, e.g. South Kivu and Katanga, has allowed armed groups, principally Mai Mai militias, the opportunity to take back their positions.

The resurgence of a number of conflicts in the south of Orientale Province, in Ituri, has led to fears of a potential new humanitarian crisis in that region. Further north, in the Haut- and Bas-Uélé districts of Orientale Province, the situation still requires the presence of humanitarian workers even though the frequency of attacks attributed to the Lord's Resistance Army (LRA) has diminished. However, the redeployment to North Kivu of the 391st battalion trained by the United States to combat the LRA could give rise to a series of fresh outbreaks.

The **humanitarian consequences** of the deterioration of the security situation in this part of the country can be widely seen, including a **major new increase in population movements**: the threshold of two million IDPs in the country was passed in March 2012; the flow of refugees returning from neighbouring countries has largely dried up and there has been an influx of tens of thousands of Congolese refugees into Uganda and Rwanda.

These people **live constantly in an atmosphere of insecurity which has become almost cyclical in some areas**. For several years they have had to endure abuses committed by armed groups and forces operating in the areas where they live (forced labour, thefts, looting, forced recruitment, violence, especially sexual). They regularly face (further) deterioration in their living conditions, making it difficult to access water, health care and even land (their means of subsistence) and education for their children.

With the clear deterioration in the situation in North Kivu, the persistence of armed combat and pockets of insecurity throughout the East, political tensions across the region and the forthcoming provincial and local elections, there is little hope of a significant improvement in the situation in the near future. At the humanitarian level, several agencies have been working on this crisis for years already but are faced with major challenges in terms of security and logistics (lack of or deficiencies in infrastructure).

**Outside the areas affected by the conflict, other areas of the country have alarming health indicators.**

A major increase in epidemics (including **largely preventable fatal diseases**, e.g. measles and cholera) across the whole country has become a major source of concern and, unless action is taken by the authorities to improve existing structures and vaccination coverage significantly, the health situation will continue to degenerate.

In some non-conflict areas the nutritional situation needs to be closely monitored: the results from recent nutritional surveys reveal disturbing levels of acute malnutrition in some districts.

**In short**, while stability is returning to the west, Eastern DRC remains in the grip of a complex crisis as a result principally of the lack of protection for the civilian population. The major problem facing civilians is the widespread insecurity caused by the clashes between armed groups and the regular armed forces.

At national level little progress has been achieved on development. Across the region the sanitary situation is fragile. The prospects of an improvement in the humanitarian situation in the short term are poor.

The last half century has seen major population movements throughout the Great Lakes region as a result of the Rwandan genocide, the conflict in Burundi and the continuing instability of many parts of DRC. Wherever possible, voluntary repatriation is clearly the most desirable solution for refugees. However, for many refugees in the region a return to their homes is not a viable option at the present time on account of the security situation in their places of origin or the danger they would face if they returned.

## 2. HUMANITARIAN NEEDS

### (1) Affected people/potential beneficiaries

At national level, according to the Office for the Coordination of Humanitarian Affairs (OCHA), the **total number of internally displaced persons was estimated at 2.2 million** in June 2012, 1.5 million of whom were in the provinces of North and South Kivu, though this figure conceals a much larger number as it should include all those who could not move away or the local 'host' populations throughout Eastern DRC. Given their chronic vulnerability, host populations can also be indirectly affected by the conflict or experience a deterioration in living conditions as a result of the arrival of IDPs or returnees. It is essential, therefore, to ensure that needs are evaluated (and assistance provided) according to the **vulnerability** of the people concerned rather than their status as refugees, returnees, etc.

At regional level, in June 2012 according to the United Nations High Commission for Refugees (UNHCR), there were **401 000 refugees from DRC** in neighbouring countries (Angola, South Sudan, Zambia, Central African Republic, Burundi, Rwanda, Tanzania, Uganda and Republic of Congo) and **26 000** in other countries.

In total the countries of the Great Lakes region are host to a refugee population of some 514 000:

DRC	153 000
Rwanda	55 000
Uganda	139 000
Burundi	36 000
Tanzania	131 000

### (2) Description of most acute humanitarian needs

Given the size of the country and the various conflict dynamics, priority needs vary from one area to another. Protection and the lack of health care remain key problems. Food insecurity, the lack of water and sanitation, and the loss of shelters and non-food items caused by displacements frequently give rise to major humanitarian needs. The nutritional situation is more problematic in the central area and less critical in the regions affected by the conflict, on account of the operations conducted there over the years by humanitarian organisations.

**Protection:** The lack of protection for civilian populations is the key problem in all conflict-affected areas of the DRC<sup>1</sup>. All of the armed forces and groups frequently commit abuses against civilians: arbitrary arrests, looting and forced labour, acts of sexual violence, torture and executions. More than a decade of living in a conflict situation has also led to a brutalisation of society in these areas and given rise to acute levels of violence in the community.

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<sup>1</sup> Protection is also a major problem in non-conflict areas although it is of a different nature (forced marriage, domestic violence, inheritance rights of women, etc.) to the issues faced by those in Eastern DRC.

**Health:** The structural problems that underlie the greatest threats to health, namely the very poor quality of medical services and the State's approach based on payment for health services by the beneficiaries, restrict access to adequate care. As a consequence mortality and morbidity rates are high, especially child and maternal mortality rates. Real vaccination coverage is low, as is the coverage and utilisation of long-lasting insecticide mosquito nets. Victims of sexual violence rarely receive the urgent medical care they need within the critical 72 hours following the incident. Epidemics, in particular measles and cholera, are becoming increasingly frequent and extending over the whole of DRC. The structural problems in other cross-cutting sectors, e.g. water, sanitation and hygiene, tend to perpetuate and exacerbate the situation.

**Food assistance and food security:** The initial results of the 7th cycle of the IPC (Integrated Food Security Phase Classification) analysis indicate that more than 17.3 million people are in an acute food crisis, of whom more than 315 000 are facing a humanitarian emergency<sup>2</sup>. The causes of the food crises are mainly structural, although in conflict zones there are also cyclical factors at work such as: (i) population displacements, (ii) widespread insecurity, (iii) lack of access to food, and (iv) livelihood depletion.

**Nutrition:** The screening exercises and/or nutritional surveys conducted by the National Nutrition Programme (Pronanut) and UNICEF<sup>3</sup> between March and June 2012 revealed a Global Acute Malnutrition rate of over 15% in Katanga and Severe Acute Malnutrition rates varying from 3.6% to 5.4% in Katanga and East Kasai. The results of other surveys covering other provinces are awaited. Given the shortcomings of the national health system, the capacity to respond to such levels of nutrition is poor. Acute malnutrition affects 2 145 000 children every year, 975 000 of these being classified as severe.

**Water, hygiene and sanitation:** Most of 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 becomes a risk when combined with a context of population displacements and influxes or epidemics.

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

**Disaster risk management:** Many areas of DRC frequently experience natural disasters that overwhelm the coping capacities of the communities and the authorities. Few resources are invested in preparedness for emergency response and disaster risk reduction measures owing to a lack of knowledge, funding and interest on the part of the responsible authorities.

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<sup>2</sup> In 2011 34 territories were considered as 'highly food insecure', with 4.3 million of their inhabitants requiring emergency food aid (26% less than in 2012), while the situation deteriorated in 21% of territories, which moved from phase 2 (stressed) to phase 3 (crisis).

<sup>3</sup> United Nations Children's Fund

**Refugee crisis:** In 2012 there were 426 809 refugees in DRC. The needs of refugees vary but are generally substantial. Despite the increasing momentum of returns from some countries (particularly Republic of Congo), the trend is more towards stabilisation, with a marked deterioration in some areas leading to repeated waves of new refugees arriving. Criss-crossing of the border has been observed in some regions. DRC also provides asylum to 139 820 refugees from neighbouring countries. Repatriation procedures are ongoing but are frequently interrupted by deterioration in the situation.

In Burundi and Tanzania those living in camps are almost wholly dependent on external assistance on account of the limited opportunities for earning their own livelihood. With UNHCR's agreement the decision was taken to close Mtabila camp in Tanzania definitively in 2012. In individual interviews 2 715 inhabitants of this camp were found to still need international protection. The remaining 37 682 Burundians lost their refugee status on 1 August 2012 and are supposed to return to Burundi before the end of the year, during which period they qualify for assisted repatriation. However, by the end of July fewer than 300 people from Mtabila camp had taken up the offer of assisted repatriation.

In Rwanda, according to UNHCR, most of the long-term Congolese refugees are well integrated and hold Rwandan identity papers (as well as poll cards for voting in DRC); the more recent arrivals are dependent on external assistance. In Uganda the refugees are allowed to cultivate crops but the government has recently taken back some of the land it had given.

At the end of 2011, 15 000 Congolese refugees returned to the DRC from Uganda, but the increasing instability in Eastern DRC then led to a return flow with the result that 35 000 Congolese refugees fled into Uganda in the first six months of 2012.

### **3. HUMANITARIAN RESPONSE**

DG ECHO<sup>4</sup> 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. Activities will be closely coordinated with other humanitarian donors. The Commission will continue to defend humanitarian space and promote respect for humanitarian principles and international humanitarian law by supporting coordination and providing active support for humanitarian logistics.

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<sup>4</sup> Directorate General for Humanitarian aid and Civil Protection

(1) National/local response and involvement

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

Despite the lack of resources, all the countries in the region except for Tanzania, which has set itself the goal of becoming a refugee-free country, are hosting refugees fleeing from the fighting and have granted them the appropriate status. Congolese seeking to cross the border into Tanzania are frequently turned back. In addition 37 582 Burundians who have been living in Tanzania for more than 15 years lost their status as refugees on 1 August 2012 and are supposed to return to Burundi before the end of the year.

(2) International humanitarian response

The revised 2012 Humanitarian Action Plan (HAP) has funding of USD 791 331 026<sup>5</sup>, only 48.1% of which had been covered by August 2012. As in 2011, this under-funding may force relief agencies to downsize operations.

According to the Financial Tracking System, in August 2012 the main bilateral donors active in DRC were the United States (USD 88.5 million), the European Commission (USD 75 million), the United Kingdom (USD 46.7 million), Japan (USD 22.9 million) and Sweden (USD 21.8 million). Most of the donors reduced their level of funding in 2012 as a result of governments prioritising other humanitarian crises or budget limitations in times of financial crisis. This situation may continue into 2012 and, without advocacy, the danger for DRC and the Great Lakes region is that it will become a forgotten crisis.

(3) Constraints and ECHO response capacity

**i) Access:** Logistical problems and lack of infrastructure make transport of personnel and goods by road or air risky, difficult and costly all over DRC. Military operations, repeated attacks on the local population and humanitarian workers, and the shifting of fighting to the most remote areas increase the difficulty and the cost of delivering humanitarian aid.

**ii) Partners:** The capacity and availability of partners is relatively good on the whole, but the turnover rate is high, which limits the ability to capitalise on lessons learned. The main humanitarian organisations present in the refugee camps are United Nations agencies, notably the UNHCR<sup>6</sup> and WFP<sup>7</sup>.

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<sup>5</sup> i.e. an increase of 10% compared with the original HAP.

<sup>6</sup> Office of the United Nations High Commissioner for Refugees

<sup>7</sup> World Food Programme

(4) Envisaged ECHO response<sup>8</sup>

With a presence in Kinshasa, Goma, Bukavu and Bunia, DG ECHO is able to closely monitor each humanitarian situation and play an active role in coordination and information-sharing on these issues. DG ECHO's strategy focuses on two priority areas: (i) the problems caused by the fighting and the population displacements within DRC and to neighbouring countries, and (ii) the health and nutritional emergencies affecting the whole country. The beneficiaries of DG ECHO's humanitarian aid are either the direct victims of recent or ongoing conflicts, IDPs, refugees or returnees and the host communities affected by population movements, or those at risk in areas where the health or nutritional emergency thresholds have been reached. The geographical priorities will be established in the light of the above.

Given the size of DRC and the volatility of the situation, DG ECHO proposes to continue supporting the existing rapid response mechanisms in order to respond to the various emergencies as fast as possible.

In sectoral terms, DG ECHO plans to evaluate and respond to the requirements of those affected by population movements and conflict in general. Their **access to minimum basic services (health, food and non-food items)** must be ensured **within a reasonable time-frame**. Given the links between sectors and the local dynamics, the difficult issues of access and the logistical costs of operations, integrated multisector approaches will be given priority where they are necessary,

DG ECHO will continue to pay attention to **protection** requirements. In all its operations, given the fragility of the situation, DG ECHO will insist on application of the 'do no harm' principle as well as better focused and articulated mainstreaming of protection concerns into general assistance projects.

A response will also be given in the form of logistical support for repatriation, protection and management of the Great Lakes refugee camps.

**Where possible and where desirable**, DG ECHO will prioritise interventions that include **consideration for cash and food/non-food voucher based activities**.

Water, hygiene and sanitation activities should be maintained at the same level as in 2012 but will focus on new areas at risk. As regards **cholera**, DG ECHO will continue to support measures aimed at better preparing the response to alerts and reducing vulnerability in the areas most at risk by disseminating good practices and even minor rehabilitation works.

Consideration may be given to strengthening disaster risk management efforts, including risk reduction and emergency operation measures<sup>9</sup>.

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<sup>8</sup> This response takes account of DG ECHO's operational policies ([http://ec.europa.eu/echo/policies/strategy\\_en.htm](http://ec.europa.eu/echo/policies/strategy_en.htm)) and 'DRC Operational Recommendations 2013'.

<sup>9</sup> DG ECHO will take account of emergency preparedness and response capacity when partners are submitting funding proposals as DRC is a very volatile humanitarian context and may possess some level of preparedness.

Life-saving measures may be funded if the humanitarian indicators go beyond the emergency thresholds, e.g. in the health and **nutrition** sector, in accordance with DG ECHO's policy on food assistance. At the same time as improving response capacity, DG ECHO will continue to strengthen information and coordination systems in the field of nutrition.

DG ECHO's support to coordination efforts and to logistics (mainly through the ECHO FLIGHT operation<sup>10</sup>) will be maintained throughout 2013, and extended if necessary.

#### **4. LRRD, COORDINATION AND TRANSITION**

Although one of ECHO's primary objectives in DRC is to assist vulnerable victims of the conflict through the delivery of essential aid to areas in a post-conflict situation, it is vital from the outset to endeavour to improve the link between emergency aid and development (LRRD<sup>11</sup>). Better emergency aid can contribute to development and better development can help reduce the need for emergency aid.

The 11th European Development Fund (EDF) is currently under discussion. As a guide, however, the 10th EDF National Indicative Programme (NIP) amounts, after revision, are EUR 694.32 million for the period 2008-2013.

- The A Envelope of the 10th EDF NIP (programmable allocation) has been increased to EUR 554 million. The main sectors concerned are road and river infrastructures (47%), good governance (24%) and health (16%). The whole of the envelope should be committed by the start of 2013.
- The B Envelope has been increased to EUR 140.32 million. These funds are for non-programmed measures and are mainly centred on the LRRD strategy. A total of EUR 11.925 million has been set aside specifically for humanitarian activities, while the remainder will go to implement two projects for: (i) the rehabilitation and longer-term reintegration of IDPs in North Kivu and Ituri and (ii) peacebuilding, reconciliation and economic recovery.

In addition to the EDF, DRC benefits from a number of thematic budget lines, including: (i) the European Initiative for Democracy and Human Rights, (ii) food security, (iii) the environment and tropical forests, and (iv) mine clearance. There is also a budget line for cofinancing local NGOs.

The European Union also participates in two security missions: EUSEC in the area of security sector reform and EUPOL on the police and the interface with the justice system.

In conjunction with the LRRD strategy developed by the Commission and in the aftermath of the 2008 crisis in North and South Kivu, the DRC government, with the

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<sup>10</sup> For detailed information on ECHO Flight go to: <http://ec.europa.eu/echo/>

<sup>11</sup> See '[Linking relief, rehabilitation and development \(LRRD\)](#)' [COM(1996) 153]



support of the UN Integrated Mission, devised a Stabilisation and Reconstruction Plan for Areas Emerging from Armed Conflict (STAREC) and an International Strategy for Support to Security and Stabilisation (I4S). Despite the resources deployed by I4S's international partners, its performance has been poor<sup>12</sup>.

DG ECHO encourages LRRD approaches that promote the implementation of measures simultaneously (the 'contiguum approach') rather than in chronological succession (the 'continuum approach'), as the latter seldom corresponds to the real situation on the ground in the DRC. The changing humanitarian situation in the DRC demands a flexible response as areas which have supposedly been stabilised can quickly plunge back into a state of emergency, for example an increase in insecurity and the possible suspension of development cooperation. In addition to intensified outbreak surveillance and response, other health-related activities targeting the reduction of avoidable mortality may need to be stepped up as a result of the withdrawal of EDF funding from many conflict-affected areas. DG ECHO is constantly monitoring the humanitarian situation throughout the country and adjusting its response to changing needs.

An entry and exit strategy for all individual projects at local level is still awaited but the real options for exiting completely from whole regions are currently very limited. New crisis situations are arising on a regular basis and there is no sign at this stage of an end to the conflict or lasting stability.

## **5. OPERATIONAL AND FINANCIAL DETAILS**

The provisions of financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Framework Partnership Agreement with the European Commission supersede the provisions in this document.

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<sup>12</sup> Oxfam lobby briefing entitled 'For me, but without me, is against me', published by Oxfam.

## 5.1 Contacts<sup>13</sup>

Operational Unit in charge: DG ECHO/B2

### Contact persons at HQ:

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### DRC contact persons:

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Angela Schwarz	Technical Assistant	angela.schwarz@echofield.eu

## 5.2 Financial information

Indicative allocation: EUR 54 000 000

Man-made crises: humanitarian aid: EUR 46 700 000

food aid: EUR 7 300 0000

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<sup>13</sup> The Letters of intent should be submitted to DG ECHO using APPEL. Instructions on how to submit Letters of intent using APPEL are available at [http://www.dgecho-partners-helpdesk.eu/preparing\\_an\\_action/financing\\_decision/intention\\_letter](http://www.dgecho-partners-helpdesk.eu/preparing_an_action/financing_decision/intention_letter).

### 5.3 Proposal assessment

#### Assessment round 1

- a) Description of the humanitarian aid operations relating to this assessment round: Interested partners are invited to submit letters of intention for all operations based on the needs and sectors of operations identified in the section 3.4 of the HIP.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 54 000 000.
- c) Costs will be eligible from 1 January 2013<sup>14</sup>.
- d) The expected initial duration of funded projects is up to twelve months.
- e) Potential partners: All ECHO Partners.
- f) Information to be provided: Intention letter<sup>15</sup> (max. 8 pages, free format or based on the single-form format) to be submitted electronically, including at least: specific area of operation, sector, duration, beneficiaries, context/needs assessment, proposed response (results, activities presented in the form of a logical framework), estimated costs, requested contribution, contact details. Instead of the above information, international organisations and agencies may send their country programme/appeal (or the link to these if published on their website).
- g) Indicative date for receipt of the above requested information: at the latest by 18 November 2012<sup>16</sup>.
- h) The normal principles will apply to the assessment of proposals, such as quality of needs assessment, knowledge of the country/region, relevance of intervention sectors, and quality of the intervention logic in relation to the HIP and to the operational recommendations.

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<sup>14</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whichever occurs latest.

<sup>15</sup> In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

<sup>16</sup> The Commission reserves the right to consider intention letters/ Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received intention letters / Single Forms.