

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

AMOUNT: EUR 51 000 000

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

The deteriorating security situation and increased sectarian violence in the Central African Republic (CAR) during recent months have led to new waves of displacement out of the country into the neighbouring countries, especially to the Democratic Republic of Congo (DRC) and to the Republic of Congo (Brazzaville), and reduced the return prospects of refugees and displaced populations.

As of mid-February 2014, the Republic of Congo (Brazzaville) hosts around 12 500 CAR refugees in three zones (Bétou, Impfondo and Brazzaville / Pointe Noire), 80% of them located in the district of Bétou in the north of the country. National authorities and the United Nations High Commission for Refugees (UNHCR) are on the alert and closely follow the evolution of the situation on the border with CAR, especially in this district.

As of mid-February 2014, more than 62 000 people from CAR have been registered by UNHCR in the DRC (more than 50% are children and 70% are under 25 years old). This figure does not include repatriated Congolese (353 by 15/02), the spontaneously returned Congolese (3037 recorded by the City Hall of Zongo) nor the unregistered Central Africans in the DRC (several hundreds or thousands). Since December 2013, a net increase in the number of CAR refugees in the DRC has been observed with nearly 15 000 more refugees arriving in less than 2 months. To date, the majority of CAR refugees are located in the Province of Equateur (North-Western DRC) which hosts alone almost 89% of the refugees, and in the Province-Orientale (North-Eastern DRC) where the remaining 11% have fled.

The Province of Equateur has three main reception areas: Zongo, Libenge and Gbadolite. Three refugee camps were established on each zone and are managed by UNHCR and its partners: Mole camps (Zongo), Inke camps (Gbadolite) and Boyabu camps (Libenge). However, a significant number of refugees are outside the camps, spread in the main cities or the bush along the border, which makes the registration and identification of refugees particularly difficult (inaccessible or difficult to access areas due to logistic or safety reasons). The situation in the camps is also extremely delicate as the camps have been configured for a number of refugees which is well below the number they host today. The increase or doubling of this number (in Zongo, Mole camp, especially) in a short period of time also makes it difficult to answer the needs.

In Province Orientale, the vast majority of refugees remain along the border in the district of Bondo and has not joined the camp Mboti in the district of Ango (only 500 refugees in the camp compared to more than 6,500 refugees in mid-February). Many of them actually prefer to stay out of the camp for practical reasons (facilitated return to CAR) and economic reasons (opportunities for daily work).

The situation remains very unstable with a number of Central Africans who continue to cross the border (the Ubangi River) every day, sometimes with significant peaks of arrivals in the DRC.

The local population is largely affected by this population influx when at the same time the host communities are already living in precarious conditions themselves. As the conflict in CAR has cut northern Equateur's main supply route, it is now Zongo which supplies Bangui with its meager production. Immediate consequences include lack of food and other products on local markets ("trickle" of goods from Zongo to Bangui, in particular) and escalating inflation. This inflationary trend is also found in other refugee sites.

The assessment mission has highlighted the existence of multi-sectoral needs (water and sanitation, hygiene, health, food and non-food relief items) in camps but also outside them. The camp facilities must urgently be re-adjusted to meet the standards due to the increase in the number of refugees. The health management must be strengthened, whether in camps or in referral hospitals, and vaccinations should be organized to prevent epidemics. Food assistance is a major challenge: the quantities distributed are insufficient and isolation of affected areas considerably hinders the movement and delivery of humanitarian aid.

Facing the urgent humanitarian needs of the population, and the difficulties the Government is having in dealing with such an influx, a humanitarian response adapted to meet the growing needs is necessary, whereas the resources of international donors are currently very limited. The CERF¹ funding of USD 8 000 000 granted in 2013 covers only half of the current refugees. A low presence of actors is noted except for UNHCR and its implementing partners, and Doctors Without Borders (MSF).

Given the humanitarian situation described above, the European Commission will increase by EUR 1 000 000 the budget of this HIP. The additional funding will be used to support the immediate response of the basic needs of people affected by violence and conflict in CAR who then have fled to DRC / Great lakes region. The scope of the HIP is expanded to also cover Republic of Congo (Brazzaville) which has also been impacted by the influx of refugees from CAR.

1. CONTEXT

Since more than 10 years the Democratic Republic of Congo (DRC), with more than 70 million inhabitants, is facing an on-going, complex and multifactor humanitarian crisis characterized by violent armed conflicts in several regions, vast numbers of displaced and refugees, various epidemics and epizooties, a general context of poverty and precariousness, local conflicts often with ethnical dimensions to control access to natural resources and land, and to gain political or traditional power, political instability at local level in some regions and natural disasters.

¹ UN Central Emergency Response Fund

From a regional perspective, the last decades have seen major population movements as result of the Rwandan genocide, the conflict in Burundi, the continued instability in DRC, and the recent *coup d'état* in Central African Republic. Voluntary repatriation is clearly the most desirable solution for refugees; it is however not always viable in view of the current situation in the refugees' places of origin or the danger they would face if they returned.

Despite its abundant natural resources, DRC was ranked last (186th) in the world on the UNDP² Human Development Index and its' vulnerability and crisis index ratings are amongst the highest in the world. DG ECHO³'s Integrated Analysis Framework for 2013-14 identified high humanitarian needs in DRC. The vulnerability of the population affected by the crisis is assessed to be very high.

Eastern DRC is seeing a clear worsening of the security situation. Since April 2012, and the creation of the M23 movement, the security situation in North Kivu has steadily deteriorated. Fighting to control the Rutshuru area north of Goma, has resulted in redeployment of the Congolese armed forces (FARDC) from other regions, e.g. South Kivu and Katanga, and the vacuum they left behind has provided an opportunity for other armed groups to control larger territory. Many different armed groups in Eastern DRC (e.g. about 20 in South Kivu) are regularly shifting alliances and splintering into new groups which operationally and security wise represent a real challenge.

Attempts of the Government and MONUSCO (UN Stabilisation Mission in DRC) to neutralise the numerous armed groups have so far had limited success, and civilian populations continue to suffer and lack protection. Internally Displaced Persons (IDPs) and host populations often have to endure abuses committed by armed groups and forces operating in their areas of refuge (forced labour, extortion, looting, forced recruitment, and violence, including sexual). Access to water, health care, land (their means of subsistence) and education for their children is extremely difficult.

The creation and deployment of the United Nation's Intervention Brigade (FIB) along with the redeployment of FARDC (Congolese armed forces) and other military operations entails the risk of further population movements especially in North and South Kivu.

The situation in Katanga continues to deteriorate both in terms of security and health. Population movements continue with new displacements or returns with a low level of response in terms of assistance (basic services).

The resurgence of a number of conflicts in Ituri in the south of Province Orientale has led to fears of potential new humanitarian needs in the region. Further north, in the Haut and Bas-Uélé districts of Province Orientale, the situation still requires a humanitarian presence in order to assist the most vulnerable displaced even if the frequency of attacks attributed to the Lord's Resistance Army (LRA) has diminished.

² United Nations Development Programme (UNDP)

³ Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO)

Due to a combination of different factors (population displacements; lack of access to quality healthcare; poor sanitation...), infectious diseases continue to be a major contributor to excess morbidity and mortality.

While receiving much less attention, serious concern should be raised over the mental health situation of populations, especially in the eastern parts of the country. Also in some non-conflict areas, health and nutrition indicators are at alarming levels.

With the clear deterioration of the situation in North Kivu, the persistence of armed combat and pockets of insecurity throughout the East, political tensions across the region, the forthcoming provincial and local elections, and an uncertain effectiveness of the new intervention brigade, there is little hope of significant security improvements in the near future.

At the humanitarian level, several agencies have been working on this crisis already for years, but are faced with major challenges in terms of security and logistics (lack of or severe deficiencies in infrastructure). At national level little development progress has been achieved in large parts of the country. Across the regions, the health situation is fragile. Globally, the prospects of an improvement in the humanitarian situation in the short term are very poor.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries

The humanitarian consequences of the deterioration of the security situation in the East of the country are evident, and include a major new increase in population movements:

According to the Office for the Coordination of Humanitarian Affairs (OCHA), the total number of IDPs was estimated at 2.6 million in August 2013, 1.6 million of whom were in the provinces of North and South Kivu. The total affected population is, however, much higher as these include all those unable to flee as well as the local host populations throughout Eastern DRC. Given their chronic vulnerability, host populations can also be indirectly affected by the conflict. It is essential 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, the flow of refugees returning from neighbouring countries has largely dried up. In April 2013 according to the United Nations High Commission for Refugees (UNHCR), there were 439 577 refugees from DRC in neighbouring countries (Angola, South Sudan, Zambia, Central African Republic, Burundi, Rwanda, Tanzania, Uganda and Republic of Congo) and 21 455 in other countries.

In total the countries of the Great Lakes region are host to a refugee population of some 690 311 (i.e. DRC: 183 135, Rwanda: 67 200, Uganda: 282 102, Burundi: 51 406, Tanzania: 106 468).

2) Description of the most acute humanitarian needs

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

Protection: The lack of protection for civilian populations is the overarching key problem in all conflict-affected areas of the DRC⁴. Both the armed forces and the armed groups frequently commit abuses against civilians: arbitrary arrests, extortion, looting and forced labour, acts of violence (sexual and other), torture and executions.

Health: The burden of infectious and non-infectious diseases is very high. Epidemics, in particular measles and cholera, are becoming increasingly frequent and extending throughout the country. The prevalence of mental health problems is high and is a challenging and neglected sector (complexity, lack of expertise, length of required treatments).

Underlying structural problems (overall underfinancing; lack of stewardship; ...) compounded by direct and indirect effects of conflict (exodus of human resources; looting of facilities; ...) result in the overall performance of the Congolese health system remaining weak.

Maternal and child morbidity and mortality rates remain dramatic because of poor access to healthcare (vaccination; prenatal care; emergency obstetric care) and other basic services. The potential of other sectors to contribute to better child and maternal health should be explored at all times.

Food assistance and food security: The results of the June 2013 IPC (Integrated Food Security Phase Classification) analysis indicate that 6.35 million people are affected by a situation of food and livelihood crises, which constitutes a 17% increase compared to one year ago⁵. The causes of food insecurity are mainly structural, although in conflict zones there are also cyclical factors at work that lead to acute food security and livelihood crises such as: (i) population displacements, (ii) widespread insecurity, (iii) disrupted agricultural and income generating activities; and (iv) livelihood depletion.

⁴ Protection is also a major problem in non-conflict areas although it is of a different nature (forced marriage, domestic violence, inheritance rights of women, etc.) compared to the issues faced by those in Eastern DRC.

⁵ In June 2013 IPC classified 82 regions were considered as 'highly food insecure', and 5 regions in the Est in phase 4 as "humanitarian emergency".

Nutrition: The country presents a ‘serious’ level of acute malnutrition, with a national Global Acute Malnutrition (GAM) prevalence of 11%. United Nations Children's Fund (UNICEF) estimates that 2 500 000 children under 5, are acutely malnourished at a point in time, and 975 000 of them suffer of the severe form. Pockets of much higher acute malnutrition levels depending on contingent factors (such as epidemics, population displacement, etc.) are frequent and need specific surveillance and response systems. Given the shortcomings of the national healthcare system, the lack of qualified health staff and their low motivation, poor funding of the health and nutrition sectors, the local capacity to respond to such levels of acute malnutrition is extremely poor.

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

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

Disaster Risk Reduction: 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.

Refugee crisis: In June 2013 there were 439 577 refugees from DRC in neighbouring countries. Despite the increasing momentum of returns from some countries (particularly the Republic of Congo), the trends are generally showing an increasing outflow, with a marked deterioration in some areas leading to repeated waves of new refugees. Pendulum cross-border movements have been observed in some regions. DRC also provides asylum to 183 135 refugees from neighbouring countries. Repatriation procedures are on-going but are frequently interrupted by deteriorations in the situation.

In neighbouring countries those living in camps are almost wholly dependent on external assistance due to limited livelihood opportunities.

Humanitarian space: The changing and complex nature of the conflict and the context of an UN integrated mission represent a clear challenge for the respect of humanitarian principles in the field. There is also, within the humanitarian community and in the military forces, a lack of awareness and understanding of guidelines related to civil-military coordination.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

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

Despite the lack of resources, all the countries in the region are hosting refugees fleeing from the fighting and have granted them the appropriate status but sometimes with many reservations on the conventions (freedom, movement and right to employment ...).

2) International Humanitarian Response

The 2013 Humanitarian Action Plan (HAP) has funding of USD 892 643 970, which represents a substantive increase compared to 2012, 50.4% of which had been covered by 28 August 2013. This under-funding does not allow agencies to cover the needs identified and may even force humanitarian agencies to downsize foreseen operations.

According to the Financial Tracking System in August 2013, the main bilateral donors active in DRC were the European Commission (USD 95 000 000), the United States (USD 85 000 000), the United Kingdom (USD 41 000 000), Japan (USD 40 000 000) and Sweden (USD 25 000 000).

3) Constraints and DG ECHO response capacity

The country is vast and tremendously complicated logistically as well as administratively and politically. In this context it is difficult to engage new actors in case of new crises or in order to increase the response capacities. Capacities of local stakeholders are also limited. The capacity and availability of actual DG ECHO partners is however relatively good, albeit affected by a high turnover rate limiting the ability to capitalise on lessons learned.

Operations in the DRC are logistically very challenging with many administrative obstacles, very few paved roads or cleared waterways, and aircraft and airport infrastructures in appalling conditions. 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. The cost of delivering humanitarian aid is very costly all over DRC.

4) Envisaged DG ECHO response⁶ and expected results of humanitarian aid interventions

Humanitarian organisations have been working on this crisis for more than 10 years. The humanitarian strategy is based on a differentiated approach between the regions affected by armed conflicts and those suffering from chronic or sudden onset disasters.

With a presence in Kinshasa, Goma, and Bukavu DG ECHO is able to closely monitor each humanitarian situation and play an active role in coordination and information-sharing.

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 main focus of DG ECHO is the eastern provinces where partners are faced with difficult access and the complex nature of displacement (short, pendulum, part of the family only), acute malnutrition and epidemics. Through the cluster system humanitarian actors are working on a comprehensive and common targeting system in the different sectors. The targeting of beneficiaries and prioritisation of actions should not be based on the status of the beneficiaries but on the real needs and vulnerabilities within the first months of displacement. Doing no harm in such a context implies the strict respect of emergency thresholds and to not intervene when local capacities are sufficient, so as to not undermine resilience or returns when they are considered safe. Opportunities to support early recovery and return to “normal lives” should be seized and advocacy towards development actors increased wherever feasible.

Other regions affected by epidemics (measles, cholera and malaria), acute malnutrition and more classic refugees situations (Central African Republic refugees and DRC refugees in neighbouring countries) will also be assisted strictly respecting emergency thresholds and taking into account local capacities.

Effective coordination is essential. DG ECHO supports the Inter-Agency Standing Committee’s Transformative Agenda (ITA) and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

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.

⁶ This response takes account of DG ECHO’s operational policies (http://ec.europa.eu/echo/policies/strategy_en.htm) and ‘DRC Operational requirements 2014’.

The humanitarian strategic objectives of the Humanitarian Community and DG ECHO are:

1. Reinforce the protection of civilian populations in conflicts affected regions;
2. Reduce the mortality and morbidity within communities affected by the various crisis or those at risk in areas where the health or malnutrition emergency thresholds have been reached;
3. Improve living conditions, reduce vulnerability and preserve dignity;
4. Support conditions for livelihood recovery, reinforce resilience, facilitate the return and durable reintegration of displaced and refugees;
5. Support the humanitarian community's capacity to deliver assistance to the most remote areas through air transport, coordination and security support.

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 principled humanitarian action, coordination and providing active support to humanitarian logistics.

Given the size of DRC and the volatility of the situation, DG ECHO proposes:

1. To continue responding to the various emergencies as fast as possible. IDPs' and refugees' access to minimum basic services (health, food and non-food items) must be ensured within a reasonable time-frame. Where possible and where desirable, DG ECHO will prioritise interventions that include consideration for cash and food/non-food voucher based activities.
2. To give priority to integrated multi-sector approaches where they are relevant and feasible.
3. To continue to pay attention to reducing protection risks and addressing protection needs. 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 response of protection concerns into general assistance projects.
4. To maintain logistical support for repatriation, protection and management of the Great Lakes' refugee camps.
5. To maintain water, hygiene and sanitation activities focusing on areas at risk. As regards cholera, support measures aimed at better preparing the response to alerts and reducing vulnerability in the areas most at risk by disseminating awareness and good practices will be favoured.

Partners are expected to actively contribute to Emergency Preparedness and Response (EP&R) in their areas of operation, and to participate in coordination at all levels integrating an EP&R perspective into the emergency response strategies whenever pertinent.

DG ECHO's support to coordination efforts and to logistics (mainly through the ECHO Flight operation⁷, funded separately, and United Nations Humanitarian Air Service, UNHAS, helicopter⁸) will be maintained throughout 2014, and extended if necessary.

4. LRRD⁹, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

ECHO Flight 2013 HIP to secure safe air transport to humanitarian actors amounted to EUR 10 500 000 of which 70% is spent in DRC. In 2013, EUR 2 000 000 from the 2012 and 2013 Epidemics decisions were directed to fight measles in the north of the country.

In 2012, the Nobel Peace Prize was awarded to the European Union for its contribution over six decades to the advancement of peace and reconciliation, democracy and human rights in Europe. The prize money has been dedicated to children affected by conflict. In the Democratic Republic of Congo, DG ECHO through Norwegian Refugee Council, working as part of a consortium with Save the Children, supports educational and protection activities that will provide learning opportunities for more than 9 180 boys and girls displaced by conflict in Petit Nord Kivu, in the Province of Nord Kivu.

The present intervention strategy will be reinforced, wherever possible, and where appropriate through the utilisation of the Epidemics HIP.

2) Other services/donors availability

DG ECHO encourages humanitarian actors to explore from the beginning (when designing an intervention) possible synergies and complementarities with development and national actors in order to increase effectiveness and sustainability. The 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 due to an increase in insecurity and the possible suspension of development cooperation. Better emergency aid can contribute to development and better development can help reduce the need for emergency aid. Closer collaboration should be sought with development actors and local organizations. This involves engaging in national and local level co-ordination mechanisms.

Like humanitarian donors, the conventional donors of development are present in some parts of DRC. The challenge is to strengthen the coordination between both so as to improve aid effectiveness and build resilience.

⁷ For detailed information on ECHO Flight go to: <http://ec.europa.eu/echo/>

⁸ Ad hoc air transport responses, covered under this HIP, may also extend to neighboring countries if needed (inter alia Central African Republic, Republic of Congo, Chad, South Sudan, Uganda, Rwanda, Burundi and Tanzania)

⁹ Linking relief, rehabilitation and development

The 10th European Development Fund (EDF) National Indicative Programme (NIP) amounts, after revision, to EUR 729 320 000 for the period 2008-2013. The countries final allocations of the 11th EDF are still under discussion as well as the new mechanism for former A and B envelopes. Meanwhile intense collaboration took place between Commission services and European External Action Service (EEAS) to eventually secure health as a priority sector in order to develop a LRRD strategy in this sector.

3) Other concomitant EU interventions

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

The European Union also participates in two missions in the field of the security sector reform: EUSEC¹⁰ on the army and EUPOL¹¹ on the police.

4) Exit scenarios

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

The real options for exiting completely from entire regions 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.

¹⁰ European Union advisory and assistance mission for security reform in the Democratic Republic of Congo

¹¹ European Union police mission in the Democratic Republic of the Congo