

HUMANITARIAN IMPLEMENTATION PLAN (HIP)
DEMOCRATIC REPUBLIC OF CONGO AND GREAT LAKES REGION¹
AMOUNT : EUR 61 500 000

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Third modification of 10/12/2015

Since the second modification of this HIP, the situation has remained tense and unpredictable in Burundi. Human rights violations have continued to increase and freedom of expression to decrease. The security situation has lately deteriorated further with targeted killings and other human rights violations occurring on a regular basis. The daily level of violence risks spiralling out of control unless a political solution is rapidly found. There has also been a rise in inflammatory speeches, raising heightened concerns that the situation within Burundi is likely to significantly deteriorate further.

As the result, displacement of people fleeing the violence continues, both inside the country (figures of 15 000 internally displaced people identified by IOM could be higher, as most of the people hide and do not want to register themselves) and outside, with a total number of over 222 000 Burundian refugees in the Great Lakes region. The Regional Refugee Response Plan is still largely underfunded (66% gap).

While the flow of refugees seeking refuge to Rwanda has somewhat stabilised, Tanzania is receiving and hosting the largest number of refugees. As a result, the humanitarian situation remains critical in Tanzanian refugees camps due to this continuing influx and the lack of funding allowing for adequate services (such as shelters) to be delivered to refugees. Most of the basic services provided are well below internationally recognised standards (shelter, health, water and sanitation, education, protection). With the relocation process of part of the refugees to two new sites, the European Commission and other donors need urgently to step up their efforts to improve the current living conditions in the existing camps, support the setting up of the new sites, and prepare for the ongoing and future influx.

Given the humanitarian situation described above, the European Commission will increase the budget of this HIP by EUR 5 000 000. The additional funds will help to support key mandated partners responding to the basic needs of refugees in Tanzania, but also to respond to the protection needs of the Burundian population.

Second modification of 31/07/2015

Since the first modification of this HIP, the influx of Burundian refugees in the Great Lakes region has continued. Based on the latest UNHCR² figures of 28 July 2015, there are 176 918 Burundian refugees in the neighboring countries. The humanitarian community has responded to the needs of the refugees since the beginning of the crisis, however, these needs have continued to increase significantly. According to UNHCR, the

¹ This HIP may cover interventions in the following countries : Democratic Republic of Congo, Republic of Congo, Rwanda, Burundi, Tanzania.

² United Nations High Commissioner for Refugees (UNHCR)

Regional Refugee Response Plan covering the period from April to September 2015 is funded at only 14% on 24 July 2015.

In Tanzania, the population of the Nyarugusu camp increased from 64 000 people before the crisis to more than 150 000 to date (thus becoming the third largest refugee camp in the world), and about 500 new refugees are still arriving every day. Since the first modification of this HIP, the already critical situation at the camp has continued to deteriorate, mainly in the sectors of protection, health, as well as water and sanitation. The arrival of the rainy season in the coming weeks will be a new challenge that the refugee population will need to face. Hence, the importance of early identification for an additional site.

In Rwanda, the number of refugees has more than doubled in the recent weeks from almost 30 000 people in early June to more than 71 000 to date. The lack of drinking water, latrines and reception facilities in the new Mahama camp has prevented, already for several months, the transfer of the refugees from the transit and reception centers. While the emergency response must continue in all these sectors including in food security, the humanitarian actors must also begin to develop more sustainable reception and sanitation facilities as well as a water supply network in the Mahama camp.

In Burundi, from a humanitarian point of view, the impact of the political crisis is relatively limited. However, as the evolution of the situation is unpredictable, and as its impact can manifest indirectly as economic paralysis and deterioration of basic social services, humanitarian actors already present in the country should strengthen their monitoring in order to be able to respond proportionally to emergencies which may arise in the coming weeks and/or months.

In the Democratic Republic of Congo, the number of refugees has not increased as in the neighboring countries: it reached the number of 13 584 people on 19 July 2015. The transfer of the refugees to the site of Lusenda is still ongoing. Despite the challenges in coordination and some implementation delays, the situation now seems under control with the actions already funded through the Pooled Fund and CERF³.

Given the humanitarian situation described above, the European Commission will increase the budget of this HIP by EUR 4 500 000. The additional funds will help to support the active partners responding mainly to the basic needs of the refugees in the neighboring countries of Burundi, but potentially also, and depending on the evolution of the internal situation, the needs of the Burundian population.

First modification of 29/05/2015

a) Regional impact of the political crisis in Burundi.

Following the announcement on 26 April 2015 of the candidacy for a third term of the current president Nkurunziza, Burundi entered in a significant phase of instability, characterized by a wave of demonstrations and an attempted "*coup d'état*" on May 13. The assassination of an opposition party leader and the willingness of the President to

³ United Nations Central Emergency Response Fund (CERF)

hold the elections as scheduled⁴ put the country in an extremely tense and volatile situation. Since the beginning of the unrest, nearly 100 000 Burundians fled to find refuge in Rwanda (first wave), then to Tanzania and Democratic Republic of Congo in a second time⁵. Latest information reports new wave of refugees to Uganda.

This massive influx in such a short timeframe of tens of thousands of people required an immediate response to meet acute humanitarian needs, from reception of the refugee populations (setting up of transit centers, identification and construction of new camps / sites in Rwanda / DRC), to relocation of refugees from the transit centres to the camps in Tanzania, Rwanda and soon to DRC, assistance to be provided (meeting essential food, water, sanitation and health needs) and protection. The European Commission immediately allocated EUR 1 500 000 from the Great Lakes region HIP in response to the acute needs in Rwanda.

During the last few weeks, the situation has become critical in Tanzania with a significant influx of population, precarious reception conditions and complex relocation process. A cholera epidemic was also declared in the reception zone of Kagunga (Burundi/Tanzania border) and has spread to Nyarugusu camp in Tanzania which is already hosting 64 000 refugees (mainly from DRC).

As the camp has already reached its maximum capacity; the refugees are accommodated in extremely precarious conditions, hosted in schools, churches and public buildings. The new refugees are in urgent needs of shelter, water, sanitation and health (especially for the cholera epidemic) assistance; the current capacity to respond remains insufficient due to the initial lack of actors with a good emergency response capacity and to the lack of funding⁶.

Given the humanitarian situation described above, the European Commission will increase by EUR 3 000 000 the budget of the HIP to support partners active in the response in addressing the basic needs of refugees in Tanzania.

b) Influx of CAR refugees in the Equateur province, DRC

Following the persistent security problems and the deterioration of the humanitarian situation in Central African Republic, a new influx of 20,000 refugees from the province of Kuangu was registered in the Equateur province in late 2014. Since March 2015, refugees have begun to regularly flow into DRC in small waves via various border posts along the river. As of May 22 2015, Equateur Province has recorded 97,195 people⁷. Most of those refugees are women and children.

In mid-April 2015, ECHO undertook a mission to assess the most acute humanitarian needs related to the increase of the refugee population. The conditions of the refugee's resettlement from the transit center to the camps remain worrying and humanitarian

⁴ The President granted a minimum postponement for legislative elections (June 5 instead of May 26). The presidential elections are scheduled on June 26, 2015

⁵ 47 929 in Tanzania, 28 409 in Rwanda, 9 798 in DRC, 6 000 in DRC (29 May - UNHCR/UNICEF).

⁶ UNHCR's Tanzania budget to manage Nyarugusu camp which is hosting the Congolese refugees (the only crisis before the arrival of the Burundian refugees) is largely underfunded.

⁷ Source: UNHCR

needs are increasing proportionally with the arrival of new refugees. Given the increasing number of refugees arriving in the DRC, UNHCR was forced to open a fourth camp in Bili, in addition to the already existing camps in the reception areas of Gbadolite, Zongo and Libenge.

The identified priority needs are related to the set-up of the 4th camp and to the relocation of refugees in a timely and acceptable conditions, as well as to support refugees' self reliance activities to reduce their dependence on humanitarian assistance (considering that a short term return to their country is indeed unlikely). In order to mitigate the risk of conflict between the two communities (refugees and host populations) access to basic services such as health and education currently provided for refugees should be extended to host communities.

Given the humanitarian situation described above, the European Commission will increase by EUR 2 000 000 the budget of the HIP in order to support UNHCR and its partners in responding to the basic needs of refugees but also of host populations in Equateur province. In addition to this allocation, the budget dedicated to the crisis inside CAR has been increased, through the CAR, Chad, Cameroon HIP.

1. CONTEXT

Democratic Republic of Congo (DRC) has been facing for more than 15 years an on-going, complex and multifactor humanitarian crisis characterized by violent armed conflicts in numerous regions, a significant number of displaced and refugees, numerous epidemics and epizooties, natural disasters, a general context of poverty and precariousness, local conflicts sometimes tainted with an ethnic dimension, over the control of access to natural resources and over political or traditional power, which lead to political instability at local level.

Despite its abundant natural resources, DRC was ranked second to last (186th) in the world on the UNDP⁸ Human Development Index and its vulnerability and crisis index ratings is the third highest in the world, behind Central African Republic (CAR) and South Sudan. ECHO⁹'s Integrated Analysis Framework for 2014-15 identified high humanitarian needs in DRC. The vulnerability of the population affected by the crisis is assessed to be very high. DRC also ranks very high (fourth) on the fragile states index of the Fund for Peace.

With a reinforced mandate¹⁰, the United Nations Peacekeeping mission (MONUSCO) has strengthened its military operations against armed groups in Eastern Congo. The deployment of the Brigade (FIB) along with the FARDC (Congolese armed forces) military operations tends however to increase population movements (people move preventively to avoid being caught in the fight) and to displace conflict from one area to another (as defeated armed groups move to new areas).

⁸ United Nations Development Programme (UNDP)

⁹ Directorate-General for Humanitarian Aid and Civil Protection (ECHO)

¹⁰ Security Council resolution 2098 of 28 March 2013 creating the Force Intervention Brigade (FIB)

Following the defeat of the M23 armed group in November 2013, a window of opportunity for stabilisation in their previous area of operations, principally Rutshuru district in North Kivu opened up, but as many as 40 other armed groups (ranging from local defence groups to well-armed foreign groups with a political agenda) continue to operate in Eastern Congo and Katanga and to commit massive human rights abuses. Although some progress has been made with some armed groups (ADF), others (APCLS, NDC Cheka) remain active in North Kivu and the ongoing fighting is spreading to new areas and keeps displacing people and contributing to human rights abuses. In addition, the expected surrender of the Rwandan-originating armed group FDLR did not take place, so they remain active and present a threat to the civilian population.

In South Kivu (SK), several armed groups remain active, with frequent fighting either between armed groups (Raia Mutomboki, Mai-Mai Yakutumba, etc.) and FARDC or between ethnic groups competing over the control of resources and land. The various conflicts in SK are spilling over in Maniema and the north of Katanga, destabilising areas that had not seen any displacement in recent years.

The situation in Katanga has seen a major deterioration both in terms of security and humanitarian needs. In addition to massive displacement and conflict due to Mai-Mai activism, an ethnic conflict between Bantou and Pygmie people has erupted, thus extending the conflict geographically. Katanga province has recorded in the first semester 2014 the highest progression in the number of displaced people, with latest estimates on up to half a million. Population movements continue with new displacements with a low level of response in terms of assistance (basic services). All the territories affected by the conflict are classified food insecure.

The situation in Ituri, in the south of Province Orientale, remains tense. FRPI, the main armed group, remains engaged in active fighting with the FARDC. The conflict has a direct impact on the population in terms of human rights abuses, displacement and overall increase in humanitarian needs.

As a result, internal displacements of Congolese civilian populations are on-going and have reached an estimated 2.6 million people. Internally Displaced Persons (IDPs) and host populations often have to endure abuses committed by armed groups and forces operating in their areas of refuge (forced labour, thefts, looting, forced recruitment, violence, including sexual). Access to water, health care, land (their means of subsistence) and education for their children is extremely difficult. 6.7 million Congolese people are in need of food assistance, according to WFP¹¹.

Despite the defeat of the M23 rebel group and the FDLR's declarations of intent to surrender that led to an overall perception that the crisis in DRC resolves in comparison to crises elsewhere, the country continues to face a humanitarian crisis. With the clear deterioration of the situation in Katanga, the persistence of armed combat and insecurity throughout the East, the first six months of 2014 have in fact seen an alarming rise in violence and humanitarian needs in various parts of DRC.

On 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

¹¹ World Food Programme (WFP)

DRC, and the recent conflict in CAR. Vulnerabilities still exist in Burundi, Rwanda, Tanzania and Republic of Congo (RoC) and some of these countries will enter into electoral processes¹² that may require careful attention from a humanitarian perspective.

Around 432 800 Congolese are still living as refugees in great lakes countries, and are fully dependant of humanitarian aid for their survival. The CAR crisis has spilled over in DRC, with 68 156 refugees seeking refuge in Equateur and Province Orientale and another 20 114 in RoC¹³. The arrival of refugees has a risk of destabilising an area with few resources and exacerbate tensions among communities.

Epidemics (e.g. measles, malaria, cholera), a recurring phenomenon across the whole country, is another major area of concern and would require a significant long term effort from the authorities to significantly improve existing health structures and vaccination coverage. In the absence of effective national policies in place, life-savings activities to address outbreaks remain crucial. In August 2014, a new ebola outbreak was declared in Equateur province, being the seventh in a row since the disease was identified in 1976. Emergency response from humanitarian actors is essential in responding and preventing its spreading in DRC and its neighbouring countries.

Moreover, high levels of acute malnutrition persist in some districts. According to UNICEF¹⁴, around 2 million children under age five suffer from severe acute malnutrition in DRC.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries.

The humanitarian consequences of the continued volatile security situation in the east of the country and Katanga are evident, and include major populations movements:

According to OCHA¹⁵, the total number of IDPs is estimated at 2.6 million in July 2014. 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.

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

¹² National elections are foreseen in Burundi in 2015, in RoC and DRC in 2016, in Rwanda in 2017.

¹³ Source : UNHCR Regional update 35, 10 October 2014

¹⁴ United Nations Children's Fund (UNICEF)

¹⁵ United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

In total, the countries covered by this HIP are host to a refugee population of some 391 923¹⁶ (i.e. DRC: 117 907, Rwanda: 72 974, Burundi: 58 856, Tanzania: 91 149 and RoC: 51 037).

In July 2014, according to the UNHCR, there were over 205 600 refugees from DRC in countries covered by this HIP (Rwanda, Burundi, Tanzania, RoC) and over 227 100 in other countries (Uganda, South Sudan, Zambia, Angola, CAR).

Since the conflict erupted in CAR, 68 156 refugees have crossed the border to DRC (4 official camps) and 20 114 to RoC (3 camps), with almost two-thirds less than 25 years of age. They are dependent on humanitarian aid for basic services (food, health, water, education). Humanitarian actors are struggling to maintain services up to SPHERE standards¹⁷ due to the remoteness of the location and the logistical constraints. Due to the continuous insecurity in CAR, there is no reason to expect a massive return movement in 2014.

Health threats, including malnutrition and epidemics, continue to endanger the lives of Congolese children. The nutrition situation among young children remains critical despite the improvement of the average prevalence of acute malnutrition. The most-affected provinces are Maniema, Katanga, Bandundu, Kasai Oriental and Kasai Occidental. Overall, there are an estimated two million children with severe acute malnutrition in the country.

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, etc.) 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 DRC¹⁸. Both the national 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. All humanitarian interventions must mainstream the protection related issues in all sectors mentioned below.

Health: The burden of infectious and non-infectious diseases is very high. Epidemics, in particular measles and cholera, are becoming increasingly frequent

¹⁶ Source: UNHCR 01 July 2014 except for data regarding the RoC (January 2014)

¹⁷ Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE)

¹⁸ 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.

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). Depending on the evolution of the ebola virus outbreak in Equateur province declared in August 2014, it may become a top public health priority if not properly contained. 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 2014 IPC¹⁹ focusing on the eastern provinces and Katanga indicate an increase in the number of people affected by acute food and livelihood crises²⁰. Three out of the four territories classified in phase 4 (acute emergency) are located in the so-called "triangle of death"²¹ in Katanga. This figure translates a situation where population displacements, widespread insecurity, disrupted agricultural and income generating activities, and livelihood depletion greatly contribute to acute food security and livelihood crises.

Nutrition: The country presents a 'serious' level of acute malnutrition, with a national Severe Acute Malnutrition (SAM) prevalence of 2.6%. UNICEF estimates that 2 000 000 children under age five, are severely malnourished at a point in time. 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, insufficient 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.

¹⁹ Integrated Food Security Phase Classification (IPC)

²⁰ IPC covered Province Orientale, North Kivu, South Kivu, Maniema and Katanga. 4.1 million people affected by a food crisis /acute livelihood crisis (phase 3 and 4 of IPC) against 3.8 million in the same provinces in December 2013.

²¹ The area between the towns of Manono, Pweto and Mitwaba

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: The Central African crisis has resulted in new influx of Central African refugees in DRC (64 491 CAR refugees in DRC, July 2014).

Since March 2014, a spontaneous return movement of Congolese refugees from Uganda towards DRC is taking place with about 9 200 UNHCR registered spontaneous returns between March and July.

Across the Great Lakes countries, refugees living in camps are almost wholly dependent on external assistance due to limited livelihood opportunities.

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, etc.).

2) International Humanitarian Response

The 2014 Humanitarian Action Plan (HAP) has funding of USD 832 000 000, 35% of which had been covered by August 2014. This under-funding does not allow agencies to cover the needs identified and may even force humanitarian agencies to downsize foreseen operations.

3) Constraints and 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 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. Delivering humanitarian aid is very costly all over DRC.

More than ever, humanitarian actors need to defend their image and core principles of neutrality, impartiality and independence in order to ensure access to the conflict affected population. The plethora of armed groups with varying interests and strategies, the military operations by FARDC and MONUSCO's active support to FARDC in military operations, not to mention criminality, are part of a context that remains challenging for humanitarians

4) Envisaged ECHO response²² and expected results of humanitarian aid interventions

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.

ECHO's 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, ECHO is able to closely monitor each humanitarian situation and play an active role in coordination and information-sharing.

The humanitarian strategic objectives of ECHO are:

1. Reinforce the protection of civilian populations in conflicts affected regions with a focus on eastern provinces and Katanga where partners are faced with difficult access and the complex nature of displacement (short, pendulum, part of the family only);
2. Reduce the mortality and morbidity within communities affected by the various crisis (conflict, epidemics, acute malnutrition) or those at risk in areas where 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.

Given the size of DRC and the volatility of the situation, 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

²² This response takes account of ECHO's operational policies (<http://ec.europa.eu/echo/en/what/humanitarian-aid>) and 'DRC Operational requirements 2015' in the HIP Technical Annex.

possible and where desirable, 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, 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 / centrafrican 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 part of the response.

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.

Effective coordination is essential. 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 European Union (EU)/ECHO, as set out in the applicable contractual arrangements.

ECHO's support to coordination efforts, security and logistics (mainly through the ECHO Flight operation²³, funded separately) will be maintained throughout 2015, and extended if necessary.

4. LRRD²⁴, COORDINATION AND TRANSITION

1) Other ECHO interventions

The bridging facility of the 11th EDF²⁵ funding has been mobilised in April 2014 to respond to the deterioration of the humanitarian situation in Katanga for an amount of EUR 5 000 000 complementing the 2014 HIP.

²³ For detailed information on ECHO Flight go to: <http://ec.europa.eu/echo/en>

²⁴ Linking relief, rehabilitation and development (LRRD)

ECHO Flight 2014 HIP to secure safe air transport to humanitarian actors amounted to EUR 10 500 000 of which 70% is spent in DRC.

In 2014, EUR 300 000 from the 2013 Epidemics HIP were committed to respond to a malaria outbreak in the Katanga province.

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

In 2014, three different projects were implemented in North and South Kivu from the Children of Peace initiative.

2) Other services/donors availability

ECHO encourages humanitarian actors to explore from the beginning (when designing an intervention) possible synergies and complementarities with development and national actors in order to increase effectiveness and sustainability. In order to facilitate this process, ECHO has maintained its presence during 2014 in one of the new stabilised area of Province Orientale to ensure a smooth transition for development programme to take over. 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.

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

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 EU is also involved in the missions in the field of the security sector reform: EUSEC²⁶ on the army and EUPOL²⁷ on the police.

4) Exit scenarios

²⁵ European Development Fund (EDF)

²⁶ European Union advisory and assistance mission for security reform in the Democratic Republic of Congo, ending end of June 2015.

²⁷ European Union police mission in the Democratic Republic of the Congo, which ended in end of September 2014.

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

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

Despite a clear opportunity for the government and development actors to become engaged in early recovery and stabilisation projects in areas no longer under the threat of armed groups, the burden remains on humanitarian organisations whose funding is under stress to provide basic services and support state building activities.