

HUMANITARIAN IMPLEMENTATION PLAN (HIP) GREAT LAKES REGION

AMOUNT : EUR 62 500 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2016/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for ECHO's¹ partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document. This HIP may cover interventions in the following countries : Democratic Republic of Congo, Republic of Congo, Rwanda, Burundi, Tanzania and Angola.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Second modification as of 19 May 2016

Since the release of this HIP, the situation has remained tense and unpredictable in Burundi. The overall political and economic situation is steadily deteriorating. The security situation has lately deteriorated further with a worrying trend of assassinations targeting army officers, both from “pro” as well as “anti” regime camps. Grenade attacks take place regularly in Bujumbura and more recently in some provinces.

As the result, displacement of people fleeing the violence continues, both inside the country (figures of 25,294 internally displaced people identified by IOM could be higher, as only 3 provinces have been assessed) and outside, with a total number of over 262,700 Burundian refugees in the Great Lakes region. The Regional Refugee Response Plan is still largely underfunded (85% gap).

While the flow of Burundians seeking refuge in other host countries (Rwanda, DRC, Uganda) has somewhat stabilised, Tanzania is still receiving and hosting the largest number of refugees. Over half of the refugees have fled to Tanzania (138,440 as of 19/5/2016), joining the 64,000 Congolese refugees already settled there. 60% of the new arrivals are children. The refugee camp has more than doubled in size, becoming one of the largest and most overcrowded refugee camps in the world. Two additional camps have been set up (Mtendeli and Nduta) to accommodate the continued influx. Still, living conditions in the camps are dire. Risks of infections and of outbreak of epidemics are very high (a cholera outbreak erupted some months ago) in this environment. Shelter conditions are well below standards (mass shelters, emergency shelters still used after a year time). People's dignity and privacy are at stake putting considerable risk on the most vulnerable, subject to all kinds of abuses.

¹ Directorate-General for Humanitarian Aid and Civil Protection (ECHO).

With the ongoing relocation process of part of the refugees to two new sites, additional efforts are needed to improve the current living conditions in the existing camps, to support the setting up of the new sites, and to prepare for the ongoing and future influx.

As a result, the humanitarian needs remain critical in Tanzanian refugees camps due to the continuing influx and the lack of funding allowing for adequate services to be delivered to refugees.

Given the humanitarian situation described above, the European Commission will increase the budget of this HIP by EUR 10 000 000. The additional funds will help to support key partners responding to the basic needs of Burundian refugees in the Great Lakes region, with a focus on Tanzania. Key priorities will concentrate on strengthening the protection environment and improving living conditions in refugee camps.

In case of a further deterioration of the humanitarian situation inside Burundi, assistance and protection activities inside Burundi may be envisaged.

First modification as of 29 March 2016

Following the political orientation provided by Commissioner Stylianides to scale-up ECHO's financial support towards education in emergencies to reach the global target of 4 % and the additional contribution of EUR 26 000 000 granted by the budgetary authorities, an amount of EUR 4 000 000 has been added to the current.

This additional contribution will be used to support activities that enable safe access to quality education for boys and girls in ongoing conflicts, complex emergencies, other situations of violence and early recovery phases. Furthermore, it may support longer-term education activities in protracted crises and in refugee/IDP camps, as well as actions targeting transition to formal education systems.

In spite of the increased recognition of the important role that education may play for children and young people affected by crises, education in emergencies remains one of the least funded humanitarian sectors. For boys and girls affected by crises, safe access to education can be lifesaving, protecting them from external threats, giving them a sense of normalcy, teach them important life skills, strengthen their resilience and restore their hope for a better life. As protracted crises in the world are becoming more prominent there is a risk of creating a "lost generation" if there is not investment in education in emergency at an early stage.

1. CONTEXT

DRC

Democratic Republic of Congo (DRC) has been facing for more than 15 years an ongoing, 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/clan 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 UNDP² Human Development Index and its vulnerability and crisis index ratings are ranked very high according to Inform³, behind Central African Republic (CAR) and South Sudan. ECHO's Integrated Analysis Framework for 2015-16 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 (fifth) on the Fragile States Index of the Fund for Peace.

Despite some initial success following a close military collaboration between MONUSCO and FARDC (Armed Forces of DRC), the political tensions between MONUSCO and DRC resulted in a de-facto suspension of collaboration early 2015.

Currently, from Bas-Uele, through Haut-Uele, Ituri and the Kivus, to Katanga, four armed groups of foreign origin (FDLR, Lord's Resistance Army (LRA), ADF, National Forces of Liberation (FNL)) and about forty local armed groups, some created recently, are active and maintain the Eastern part of DRC in a protracted conflict situation, leading to recurrent and significant population movements. This state of affairs does not allow much investment from development actors to bring any sustainable results.

The window of opportunity for stabilisation in North Kivu (NK) did not materialize. While some areas in Masisi, Nyiragongo and Rutshuru territories are somehow more stable, others observe higher than previous years criminality, impacting the ability of humanitarian actors to provide assistance and ensure access to basic services. Moreover, many armed groups (ranging from local defence groups to well-armed foreign groups with a political agenda) continue to operate, fight against each other and commit massive human rights abuses, particularly in Béni, Lubero, Walikale and Masisi territories.

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 among armed groups themselves. The movements of FARDC troops (sent to NK but not fully replaced in SK) throughout 2015 have created again security vacuums rapidly filled by others armed groups. High levels of violence still affect today individuals, and infrastructures of two thirds of the province. Even if displacements happened to be less important in numerical terms in the last two years, or their

² United Nations Development Programme (UNDP).

³ Index for risk management.

duration was shorter, their repetitive nature is seriously increasing the vulnerability of affected families. The territory of Shabunda is today one of the clearest example, even if not the only one, of this cycle of violence.

The situation in Katanga remains critical both in terms of security and humanitarian needs. In addition to displacement and conflict due to Mai-Mai activism, the ethnic conflict between Luba and Pygmy people has persisted and moved in new locations in 2015. The number of displaced people is estimated at 316 000. Population movements continue with new displacements with a low level of response in terms of assistance (basic services). The nature of the violence makes the return of the populations to their home villages difficult without the support of Humanitarian organisations.

The situation in Ituri, especially in Irumu, 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, particularly food security.

As a result, internal displacements of Congolese civilian populations are on-going and have reached an estimated 1.6 million people⁴. 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 main livelihoods) and education for their children is extremely difficult.

Epidemics (e.g. measles, malaria, cholera, ebola⁵), a recurring phenomenon across the country which constitutes 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 interventions to address outbreaks remain crucial.

Moreover, high levels of acute malnutrition persist in some districts. According to UNICEF⁶, around 2 million children under the age of five suffer from severe acute malnutrition in DRC.

Refugees in Great Lakes Region

From a regional perspective, the last decades have seen major population movements as a result of the Rwandan genocide, the conflict in Burundi, the continued instability in DRC, and the recent conflict in CAR. Some of these countries have or will enter into electoral processes⁷ that may require careful attention from a humanitarian point of view.

⁴ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) September 2015.

⁵ 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 was essential in responding and preventing its spreading in DRC and its neighbouring countries.

⁶ United Nations Children's Fund (UNICEF).

⁷ Elections have taken place in Burundi and in Tanzania (national), DRC (local) in 2015, in RoC and DRC (national) in 2016, in Rwanda (national) in 2017.

The recent political tensions in Burundi related to the July 2015 presidential elections provoked a massive flow of refugees towards neighbouring countries. 190 000 refugees from Burundi have sought asylum in DRC, Rwanda, Tanzania, Uganda, the majority being hosted in camps managed by UNHCR, depending exclusively on humanitarian aid for the provision of basic services and protection. In the current political context, it is likely that many refugees will remain in the camps in 2016, with low visibility on prospects for returns.

The 2013 crisis in CAR resulted in a wave of refugee arrivals in the northern part of DRC (mainly Equateur province) and the Republic of Congo. To date, 99 000 and 28 747 refugees respectively have been registered by UNHCR. They are hosted in poor rural areas that are fragile, where refugees compete for limited resources and exacerbate tensions among communities.

Approximately 431 000 refugees from DRC⁸ are registered in neighbouring countries 186 000 in Uganda, 74 000 in Rwanda, 56 000 in Tanzania, 54 000 in Burundi, 23 000 in Republic of Congo, and others in Kenya, South Sudan, CAR, Ethiopia and Sudan, some dating from 1997, the majority living in refugee camps depending on humanitarian aid for their survival.

2. HUMANITARIAN NEEDS

- 1) Affected people/ potential beneficiaries.

DRC

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

According to OCHA estimations, the total number of IDPs in the country was 1.6 million in September 2015, although the humanitarian response focuses mostly on those recently displaced and on IDPs sites. The total number of affected people is, however, much higher including 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 assessed (and assistance provided) according to the vulnerability of the people concerned rather than their status as displaced, refugees, returnees, etc. An estimated 6.5 million Congolese people are currently facing an acute food insecurity crisis and are in urgent need of food assistance, according to IPC⁹.

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

The nutrition situation among young children remains critical despite the improvement of the average prevalence of acute malnutrition rates. The most-affected provinces are Maniema, Katanga, Bandundu, Kasai Oriental and Kasai

⁸ Source: <http://data.unhcr.org/drc/regional.php>

⁹ IPC analysis, 12th Cycle, December 2014-June 2015.

Occidental. Overall, there are an estimated two million children with severe acute malnutrition in the country.

Refugees in Great Lakes Region¹⁰

In total, the countries covered by this HIP are host to a refugee population of some 610 000¹¹ (i.e. DRC: 239 341, Rwanda: 149 705, Burundi: 54 011, Tanzania: 143 965 and RoC: 23 455).

In August 2015, according to the UNHCR¹², there were over 207 000¹³ refugees from DRC in countries covered by this HIP (Burundi, RoC, Rwanda, Tanzania) and over 224 000 in other countries (CAR, Ethiopia, Kenya, South Sudan, Sudan, Uganda).

Since the conflict erupted in CAR, about 99 000 refugees have crossed the border to DRC (hosted in 5 official camps) and 28 747 to RoC (3 camps), with almost two-thirds below the age of 25 years. They are dependent on humanitarian aid for basic services (food, health, water, education). Humanitarian actors are struggling to maintain services up to SPHERE standards¹⁴ due to the remoteness of the location and the logistical constraints.

Since the beginning of the political tensions in Burundi on April 2015, about 190 000 Burundians have sought refuge in neighboring countries, and approximately 179 000 are in camps in countries covered under this HIP. The situation has not stabilised, with hundreds of new refugees arriving every day as of August 2015.

2) Description of the most acute humanitarian needs

DRC

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 a minimum 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, which are benefitting from several years of presence and interventions by humanitarian organisations. In particular, the needs to be addressed in priority per sectors of intervention are the following:

¹⁰ In DRC, Rwanda, Burundi, Tanzania, RoC.

¹¹ Source: UNHCR 30 August 2015 <http://data.unhcr.org/drc/regional.php> and <http://data.unhcr.org/burundi/regional.php>

¹² United Nations High Commissioner for Refugees (UNHCR).

¹³ Source: <http://data.unhcr.org/drc/regional.php>

¹⁴ Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE) <http://www.sphereproject.org>

Protection and International Humanitarian Law (IHL) compliance in complex emergencies including child protection: The lack of protection for civilian populations is the overarching key problem in all conflict-affected areas of the DRC¹⁵. 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, with a particular focus on protection of the most vulnerable, including children.

Health: The burden of infectious and non-infectious diseases is very high in the country. Epidemics, in particular measles and cholera, are becoming increasingly frequent and extending throughout the country while the number of reported Malaria cases is also on the rise. The prevalence of mental health problems is high and is a challenging and neglected sector (complexity, lack of expertise, length of required treatments). Underlying structural problems (overall underfinancing, lack of stewardship) compounded by direct and indirect effects of conflict (exodus of human resources, looting of facilities) result in generally underperforming and weak Congolese health system. Maternal and child morbidity and mortality rates remain high because of poor access to healthcare (vaccination, prenatal care, emergency obstetric care) and other basic services.

Food assistance and food security: The results of the December 2014 - June 2015 IPC¹⁶ analysis covering the entire rural areas of the national territory indicate 7 territories in IPC phase 4 (Emergency), requiring urgent actions to save lives and livelihoods, with 3 of the 7 territories being in the Province of Katanga (Manono, Mitwaba and Pweto), and one respectively in the Provinces of Maniema (Punia), South Kivu (Shabunda) and Ituri (Irumu), all in areas affected by active conflict¹⁷. 61 territories are entirely or partially in IPC phase 3 (Crisis), meaning that food consumption gaps are present with high or above usual acute malnutrition or are marginally able to meet food needs. Other 65 territories are under pressure and stressed (IPC phase 2), where population is unable to afford some essential non-food expenditures without engaging in irreversible coping strategies. These results translate 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: UNICEF estimates that 2 000 000 children under age five, will be severely malnourished during the course of one year. 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, insufficient funding of the health and nutrition sectors, it is apparent that the local capacity to respond to such levels of acute malnutrition is extremely poor.

¹⁵ 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.

¹⁶ Integrated Food Security Phase Classification (IPC) – 12th IPC Cycle in DRC.

¹⁷ The 7th territory is Equateur (Boende), where the emergency phase was linked to the consequence of the Ebola epidemic.

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 can become 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.

Coordination, advocacy and communication : The complex nature of the conflict in DRC in the context of a United Nation's Stabilisation Operation (MONUSCO) with an offensive mandate (Force Intervention Brigade) require adequate coordination and clear respect of civil-military coordination guidelines. Concerted efforts to improve coordination and advocacy on principled actions are vital. More than ever, humanitarian actors need to defend their image and core principles of neutrality, impartiality 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. Advocacy remains vital to build a positive understanding of humanitarian action and principles..

Great Lakes region

In the countries covered in this HIP, the priority needs are mainly related to the movement of populations fleeing violence, either as refugees in the region or as internally displaced people. The refugees in camps run by UNHCR are dependent almost exclusively on humanitarian aid for a protection environment up to international standards and their daily survival due to limited livelihood opportunities.

Past experience demonstrates that refugee movements in the region are protracted while return movements are slow and relatively limited in numbers due to the lack of improvement on the root causes that triggered the exodus. They rarely translate into closing camps. Whilst the internally displaced people concern exclusively DRC at the moment of drafting this HIP, the tensions in Burundi could also result in internal population displacement if the situation deteriorates. While displaced, these populations also need support to cover basic humanitarian needs as described above.

Access to basic services such as food, health, WASH, education and protection are provided by UN agencies and NGOs. Protection needs are also high in refugee and returnee transit sites and camps in the region taking into account the extreme vulnerability of these populations. Since April 2015, more than 3 000

unaccompanied and separated children fled to Tanzania alone¹⁸ Family tracing (intra-camp and cross-border) and other specialized protection services, such as individual case management and psychological support for Burundian children is a major challenge to address. Opportunities for self-reliance and local integration vary depending on various factors such as host Government policy towards refugees and local conditions. Other durable solutions such as voluntary return or resettlement to third countries exist but remain limited in view of the overall caseload of refugees.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

The government of DRC currently lacks the capacity and/or willingness to address the humanitarian consequences of the fighting in the eastern part 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.

In the Great Lakes region, despite the lack of resources, all the countries are hosting refugees fleeing from internal violence/fighting and have granted them the appropriate status but sometimes with reservations on the conventions (freedom, movement and right to employment, etc.). Rwanda and Tanzania governments have granted *prima facie* refugee status to Burundians. Rwanda government has been particularly involved in ensuring registration, providing security, and MIDIMAR (Minister for Disaster Management) is an active site manager of all transit and refugee sites. Rwandan authorities also provided some protection and assistance to Rwandan returnees from Burundi. Tanzanian government has provided support to transportation of the refugees, provision of temporary shelter and basic services.

2) International Humanitarian Response

The 2015 DRC Humanitarian Action Plan (HAP) has a funding requirement of USD 692 000 000, with 45% of it being covered by August 2015¹⁹. This under-funding does not allow agencies to cover the needs identified and may even force humanitarian agencies to downsize foreseen operations.

A revised Regional Burundi Refugee Response Plan was released in August 2015, with an increased appeal worth USD 306 000 000 and is currently covered at 25%.

3) Constraints and ECHO response capacity

DRC

The country is vast and tremendously complicated logistically as well as administratively and politically. Regarding transport, there are very few paved roads or cleared waterways, and aircraft and airport infrastructures are 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

¹⁸ Source : UNHCR- Interagency Report 13 August 2015.

¹⁹ <https://fts.unocha.org/pageloader.aspx?page=emerg-emergencyDetails&appealID=1065>

the difficulties in maintaining an appropriate response capacity. Delivering humanitarian aid is very costly all over DRC. 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.

Great Lakes refugees

Despite an open door policy and an overall favorable protection environment for refugees in the region, the absorption capacity of host countries is limited and dependent almost fully on external financial aid. Refugees tend to stay over prolonged periods of time in host countries due to the protracted nature of the conflicts that pushed the population into exile. There are very limited durable solutions such as local integration or resettlement.. The US resettlement programme intends to cover 18 000 congolese refugees in Burundi, 30 000 in Rwanda and 35 000 in Tanzania (in total 83 000) over the next five years. It would certainly contribute to reduce the overall caseload of old refugees but given the population growth it will not solve the protracted refugee crisis. Therefore, the majority of the refugees in the region will continue to depend on humanitarian assistance in the foreseeable future.

Due to budget constraints and the nature of ECHO's mandate, the priority focus of assistance within this HIP will be on the recently displaced refugees and on the setting up of new camps.

- 4) Envisaged ECHO response²⁰ and expected results of humanitarian aid interventions

During the implementation of this HIP, special attention will be given to relevant aspects related to migration and displacement, advocacy, international humanitarian law, humanitarian access and humanitarian principles.

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. At the moment of drafting the HIP, priority is to respond to the need of people recently affected by displacement inside DRC (IDPs but also returnees and host communities) and in the neighbouring countries affected by presence of refugees. Depending on the evolution of the situation inside Burundi, a humanitarian response inside the country may have to be considered. It should be noted that this would require additional funding and a modification of the HIP.

ECHO's humanitarian strategy in DRC 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 and frequent missions in Katanga and Equateur provinces, ECHO is able to closely monitor each humanitarian situation and play an active role in coordination and information-sharing.

²⁰ This response takes into account ECHO's operational policies (<http://ec.europa.eu/echo/en/what/humanitarian-aid>) and 'DRC Operational requirements 2016' in the HIP Technical Annex.

The humanitarian strategic objective of ECHO in the Great Lakes region is to continue responding to the various emergencies in a fast and effective manner, with a "do no harm" principle through integrated multi-sector approaches when relevant and feasible, in order to:

- 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;
- Improve living conditions, reduce vulnerability and preserve dignity for internally displaced populations/refugees affected by conflict;
- 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);

The targeting of beneficiaries and prioritisation of actions should be based on the real needs and vulnerabilities within the first months of displacement.

Effective coordination is essential. We support 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's roll-out.

Partners will be expected to ensure full compliance with visibility requirements in accordance with the applicable contractual arrangement as well as with specific visibility requirements agreed-upon in the Single Form, forming an integral part of individual agreements. In particular, this includes prominent display of the EU humanitarian aid visual identity on EU funded project sites, relief items and equipment and the acknowledgement of the funding role of and the partnership with the EU/ECHO through activities such as media outreach and digital communication. Further explanation of visibility requirements can be consulted on the dedicated visibility site: <http://www.echo-visibility.eu/>

ECHO will provide further support to meet the mounting needs of children in conflict affected contexts that are out of school or risk education disruption. Within this HIP project addressing education and child protection will be funded. ECHO will favour education in emergency projects in areas where the % of out-of-school children is particularly high, there are grave child protection concerns and where other sources of funding available are limited. Complementarity and synergies with other EU services and funding instruments will be sought. In addition, complementarity and synergies with funding provided by the Global Partnership for Education is encouraged.

4. LRRD²¹, COORDINATION AND TRANSITION

1) Other ECHO interventions

ECHO Flight 2015 HIP to secure safe air transport to humanitarian actors amounted to EUR 12 000 000 of which about 52% is spent in DRC.

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

In 2015, two different projects were implemented in North and South Kivu from the Children of Peace initiative for a total budget of EUR 1 000 000.

ECHO contributed to the IFRC²² operations response to natural disasters in Burundi and Rwanda through the DREF²³.

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 for an extra year in Ituri to ensure a smooth transition for EU development programme to take over, which has now been achieved. The volatile 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. 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.

²¹ Linking Relief, Rehabilitation and Development (LRRD).

²² International Federation of Red Cross and Red Crescent Societies.

²³ International Federation's Disaster Relief Emergency Fund (DREF).

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 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.