

HUMANITARIAN IMPLEMENTATION PLAN (HIP) GREAT LAKES REGION¹

The full implementation of this version of the HIP is conditional upon the necessary appropriations being made available from the 2020 general budget of the European Union

AMOUNT: 46 500 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2020/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes² is to serve as a communication tool for DG ECHO³'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

0. MAJOR CHANGE SINCE THE PREVIOUS VERSION OF THE HIP

First modification as of 13 May

The World Health Organization (WHO) declared the covid-19 outbreak a public health emergency of international concern on 30 January 2020 and a pandemic on 11 March 2020. The pandemic continues to spread, causing additional humanitarian needs in particular for vulnerable populations.⁴

The **Democratic Republic of Congo (DRC)** recorded over one thousand covid-19 cases already in early May 2020, despite early border closure, mandatory quarantine for travellers coming from affected countries, internal restrictions of movement, and other non-pharmaceutical measures. With more than 90% of all recorded cases, the capital Kinshasa – with over 12 million inhabitants – is the epicentre of the coronavirus outbreak in the DRC.

The response faces many challenges, including low coverage and quality of basic infrastructure, limited access to clean water and sanitation, extreme poverty and most people's dependency on daily activities to generate income. Population density makes social distancing challenging in Kinshasa. In addition, disbelief and distrust, largely fueled by disinformation quickly spreading through social media, make that adherence to public health and social measures remains overall weak. In spite of its young population,

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

² Technical annex and thematic policies annex

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

⁴ A total amount of EUR 40 million for the covid-19 response is implemented through country-/crisis-specific allocations under several HIPs for: Bangladesh, Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Lebanon, Myanmar, Niger, Nigeria, Palestine, South Sudan, Sudan, Northwest Syria, Uganda, Venezuela and Yemen.

a relatively high prevalence of chronic diseases (often undetected) and concurrent disease outbreaks increase the vulnerability of the DRC's population towards covid-19.

While the DRC has built up capacities to deal with outbreaks, the nature of this novel disease requires the health system as a whole to be capacitated to face the important consequences that the further spread of the disease can bring. Urgent support is required to organisations with immediate implementation capacity to address the humanitarian needs related to the pandemic and help prevent further spread.

On the basis of the current identified needs, an additional amount of **EUR 4.5 million** has been mobilised **for the DRC** to support covid-19 preparedness and response measures. Proposed actions should target the covid-19 hotspot Kinshasa, must be ready for immediate and direct implementation by organisations already implementing related projects in the city, and should be aligned with the DRC's preparedness and response planning.

In **Burundi**, the number of officially declared covid-19 cases remains extremely low with 27 recorded cases by mid-May. However, it is most likely that the number of undetected cases is much higher. Political considerations seem to play a role with regard to the disease – as well as the acknowledgment of the risks linked to covid-19, and the measures that would need to be taken. In this context, the UN Resident Coordinator in Burundi recalled authorities' obligations under the International Health Regulation.

All Burundian schools reopened after the Easter break on 20 April 2020 and mass gatherings in the run-up to the general elections on 20 May 2020 continue without specific restrictions. Adding to the risks, returns of Burundian refugees from Tanzania continue with no specific control and quarantine measures in place, while returnees are dispatched throughout the country to their places of origin, and with no certainty about their health status related to covid-19.

At the same time, the capacity of the healthcare system in Burundi remains very low. All health zones in the country are considered to be at risk of covid-19 and need to prepare and respond to the disease. However, there are very limited options for effective case management, not to mention infection prevention and control, testing for surveillance purposes, etc. Given the authorities' attitude, it is felt that risk communication on covid-19 and community engagement is particularly needed to help containing a potential spread of the coronavirus in Burundi.

On the basis of the current identified needs, an additional amount of **EUR 500,000** has been mobilised **for Burundi** to support covid-19 preparedness and response at this critical juncture.

1. CONTEXT

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

Overall, the Great Lakes region continues being confronted with a multitude of crises, both protracted and acute, affecting a significant number of people. Crises include armed conflicts and high levels of insecurity leading to recurrent forced displacement, food insecurity and under-nutrition, but also recurrent outbreaks of epidemics, all aggravated

by recurring disasters such as floods and droughts. Many crisis-affected people lack livelihood opportunities, often live in extreme poverty and are exposed to many protection risks on a daily basis, further increasing their vulnerability to risks. Access to basic social services and the rule of law are inadequate or inexistent, especially in the **DRC** and in **Burundi**

Conflicts in the Great Lakes are dynamic and cause a high level of displacement within and across national borders. The region hosts around one million refugees, mainly from **Burundi**, the **DRC**, **Rwanda**, Central African Republic and South Sudan. The **DRC**, **Tanzania** and **Rwanda** host the largest numbers of refugees. General elections are scheduled in Burundi for mid-2020 and may cause additional waves of forced displacement, including refugee flows to neighbouring countries, as it happened previously. In addition, internal displacement is particularly high in the DRC but is also a problem in Burundi, caused by a variety of factors, including political and security related, but also natural disasters.

The **Republic of Congo** saw an influx of people fleeing clashes between communities in Yumbi in neighbouring DRC end of 2018, while host communities in the affected regions of Cuvette and Plateaux already struggled for food, water and healthcare. The humanitarian situation remained difficult in the Pool region.

Food insecurity and under-nutrition are significant in the Great Lakes' region, but varying from country to country and affecting in particular millions of people in the **DRC** but also in **Burundi**. In Burundi, food-insecurity and malnutrition are equally linked to weak basic social services but also to recurrent natural disasters such as flooding and landslides. In the DRC, part of the problem is linked to the high insecurity, but also due to weak infrastructure, changes in weather patterns and pests. Since 2018, violence has taken hold in previously peaceful areas and often prevents access to local markets and farmers from tilling their land. Moreover, southern provinces of the DRC have become increasingly affected by erratic and low rains, deteriorating the food security situation. The same applies for the increasing drought conditions in **Zambia** and the south of **Angola**, which face increased acute food insecurity, but used to be traditionally major food exporters in the region.

The Great Lakes' region is also largely affected by epidemics such as measles, malaria, cholera and yellow fever. In addition, the 10th outbreak of Ebola virus disease in the DRC – the largest ever in the country and the first one to occur in a conflict zone – has further aggravated the humanitarian situation in the affected eastern provinces of the country, while demanding Ebola preparedness action in the surrounding countries, especially in those most at risk, including **Rwanda** and **Burundi**⁵.

In the **DRC**, high humanitarian needs exist throughout the country. The 2019 Humanitarian Response Plan for the country required a staggering USD 1.65 billion for 12.8 million people in need. The situation remains particularly challenging with ongoing complex emergencies and crises in the eastern provinces of North and South Kivu, Ituri and Tanganyika. Out of 178 countries, the DRC is considered the fifth most fragile state in the world in 2019. Significant protection concerns exist with regular human rights violations, including targeted attacks against civilians and a high prevalence of gender-

⁵ Uganda and South Sudan are covered by another HIP.

based violence. The country hosts the largest mission of the United Nations' Department for Peacekeeping Operations, the *Mission de l'Organisation des Nations Unies pour la Stabilisation en République Démocratique du Congo* (MONUSCO). It is mandated to engage in direct military interventions against armed groups in close collaboration with the Congolese army, the *Forces Armées de la République Démocratique du Congo* (FARDC)⁶. In such context, civil-military coordination remains an important task.

Burundi's political crisis, ongoing since 2015, has triggered a major socio-economic downturn in an already very poor and fragile country. It is considered one of the most fragile states in the world (15th most fragile out of 178 countries).⁷ The humanitarian impact of the political and economic crises affects the region and the perspective of general elections in 2020 requires staying vigilant. The 2019 Humanitarian Response Plan for Burundi identified around 1.77 million people affected by the crisis. Over 113 000 people are reportedly internally displaced and over 340 000 Burundians live as refugees in neighbouring countries, the majority in **Tanzania** (around 200 000), where pressure on refugees to return has increased despite the fact that the situation inside Burundi cannot be considered conducive for returns. With upcoming elections in 2020, the political context might trigger renewed instability and new protection concerns especially for Burundians opposed to the government in place. The EU has suspended direct financial aid to Burundian authorities⁸. Development cooperation is channelled through NGOs, EU Member States' agencies and UN agencies. Most human rights observers have been expelled from the country and discussions with authorities remain very difficult. These challenges are compounded by already very weak availability of quality basic services in the areas of health, education, water and sanitation; Burundi's vulnerability to natural disasters (floods, landslides) as well as high density of population, which would be further aggravated in case of large-scale returns risking challenges in social cohesion.

Rwanda hosts almost 72 000 refugees from Burundi and around 77 000 refugees from the DRC. The country joined the Comprehensive Refugee Response Framework (CRRF) in 2018, while Tanzania formally withdrew from the CRRF in early 2018. **Zambia** is hosting almost 50 000 Congolese refugees. **Angola** hosts approx. 37 000 Congolese refugees as a result of the crisis in the Kasai region. In **Tanzania**, authorities continue to put pressure on Burundian refugees to return to their home country. A risk of “involuntary repatriation” needs to be closely monitored.

DG ECHO's Integrated Analysis Framework for 2019-2020 identified high humanitarian needs for both crisis situations in **Burundi** (regional) and the **DRC**. The vulnerability of the crisis-affected populations is assessed to be very high (see below).

Continued violence and armed conflict in parts of the DRC, malnutrition and worsening food security affecting several countries in the region, climate change, epidemics, political factors – including general elections in Burundi and Tanzania – and economic factors are likely to remain key drivers of the severe humanitarian crises affecting the

⁶ A multitude of local armed groups operate mainly in the eastern part of the DRC, as well as a number of armed groups of foreign origin such as the Allied Democratic Forces (ADF), Forces Démocratiques de Libération du Rwanda (FDLR) and the National Forces of Liberation (FNL).

⁷ Republic of Congo: 27th most fragile state out of 178; Angola: 35th; Rwanda: 37th; Zambia: 40st and Tanzania: 60th (2019 Fragile State Index).

⁸ Council Decision (EU) 2016/394 of 14 March 2016, closing consultations under Article 96 of the Cotonou Agreement.

Great Lakes' region. The ongoing Ebola outbreak in the DRC is the largest ever in the country. It is clear that it will last well into 2020 but it will have to be seen if it can be brought under control rather sooner than later or if the virus spreads further also across national borders. If so, the humanitarian but also economic consequences could be huge. Even in a best-case scenario, short-term improvements of the overall humanitarian situation can only be partially expected in the region.

2. HUMANITARIAN NEEDS

1) People in need of humanitarian assistance

■ Internally Displaced Persons (IDPs)

In the **DRC**, continuing and escalating conflict in the provinces of Ituri, Kasai, North and South Kivu resulted in approx. 1.8 million newly displaced persons since 2018. In total, there are an estimated 4.8 million IDPs⁹ in the country with the Kivus, Ituri, Kasai and Tanganyika the most concerned. IDPs represent a significant percentage of people in acute livelihood and food crisis in the DRC. They are often located in remote areas hardly accessible for humanitarian actors.

In **Burundi**, over 113 000 people are internally displaced, according to IOM. The main reasons are natural disasters (such as floods), the volatile political and security situation, and high levels of food insecurity in some areas of the country. Secondary displacements by returnees as well as pendulum returns have equally been observed, indicating the challenges in access to durable solutions.

In the **Republic of Congo**, as the security situation seems to have stabilised in the province of Pool, displaced populations have gradually returned to their places of origin. Still, the consequences of the conflict, notably regarding infrastructure and productive assets, compromise the capacity of the returnees to resettle.

■ Refugees¹⁰ and Asylum Seekers

The last decades have seen major population movements in the Great Lakes' region as a result of the Rwandan genocide, the conflict in Burundi, instability and new conflicts in the DRC, and conflicts in the Central African Republic (CAR) and South Sudan.

Angola hosted more than 37 000 refugees who arrived in the province of Lunda Norte since April 2017, fleeing violent attacks in DRC's Kasai region. Angola has increased the pressure on refugees to return to DRC, but also many spontaneous returns have been reported. Representatives from the governments of Angola and the DRC and UNHCR agreed in August 2019 to facilitate the repatriation of over 16 000 Congolese refugees from Lóvua camp who had declared their interest in returning to DRC.

Burundi hosts some 79 000 refugees from the DRC. More recently, access to asylum from the DRC to Burundi has become more complicated, due to issues surrounding physical access in the context of Ebola.

The **DRC** hosts more than half a million refugees, mainly from Rwanda, Burundi, CAR and South Sudan – with the latter arriving in larger numbers in 2019. The DRC is also the country of origin of more than 860 000 refugees in neighbouring countries: Uganda,

⁹ Source: IDMC Global Report on Internal Displacement, 2019

¹⁰ Source for all refugee figures: United Nations High Commissioner for Refugees (UNHCR).
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Tanzania, Rwanda, Burundi, Zambia and Angola, some for more than a decade. The quality of the refugee response in the DRC is not very high, also linked to low financial support. Access to basic services interlinked with the protection needs of refugees and their host communities require specific attention.

The **Republic of Congo** hosts around 24 000 refugees from the DRC, including those who fled the inter-communal conflict in Yumbi, and over 30 000 from CAR.

Rwanda hosts over 77 000 refugees from the DRC and around 72 000 refugees from Burundi. Around 61 000 of the latter live in Mahama camp, while the rest live as urban refugees in the Kigali region.

In **Tanzania**, around 79 000 Congolese refugees are hosted together with up to 200 000 Burundian refugees in three overcrowded camps (Nyarugusu, Nduta and Mtendeli). Tanzania stopped granting prima facie refugee status to Burundians in 2017 and stopped registering new asylum seekers. At the same time, Tanzanian authorities promote the return of those who have so far benefitted from the country's hospitality and made life in the camps more difficult (by closing local markets, restricting movement, etc.).

Zambia's capacity to deal with refugees has been tested since an influx from the DRC starting September 2017 increased the number of Congolese refugees in the country to almost 50 000. In total, Zambia hosts around 85 000 refugees. The country participates in the Comprehensive Refugee Response Framework and the 2017 Refugee Act provides the legislative prerequisites for the application of comprehensive refugee responses.

In the Great Lakes' region, “protracted refugee caseloads” co-exist with “new crisis caseloads”, most of the time in the same camps or settlements, forcing the response to be adapted to the different needs of the respective persons/caseloads, using a clear targeting approach towards the most vulnerable. In most cases, the majority of newly arrived refugees are women, children and unaccompanied minors, raising also major protection concerns.

■ **Returnees**

In **Burundi**, additional needs for returnees can be noted due to two developments: (1) growing political pressure from the governments of Burundian and Tanzania governments for people not to enter Tanzania to seek asylum, and (2) the push by Tanzanian authorities for repatriation. As of 31 July 2019, almost 75 000 Burundian refugees returned from Tanzania, but the interest to return voluntarily decreased drastically given the overall political and socio-economic situation and the upcoming general elections in Burundi in 2020. Secondary displacements by returnees as well as pendulum returns have equally been observed, indicating their challenges in finding durable solutions.

■ **Populations affected by food insecurity and under-nutrition**

Food insecurity and undernutrition are widespread in the region, but are particularly alarming in both the DRC, Burundi, Angola and Zambia.

In the **DRC**, the last official Integrated Food Security Phase Classification (IPC) data revealed an estimated 15.92 million people to be food insecure (IPC phases 3 and 4). As already mentioned, food insecurity is mainly a result of the widespread activity of armed groups, but also linked to poor infrastructure that limits agricultural and economic activities in rural areas, as well as weather conditions and pests.

In **Burundi**, the latest FewNet information indicated that although the crop production of the ‘2019 B season’ was generally average to above average across the country, food reserves are expected to seasonally decline through late 2019. This, coupled with the malaria prevalence above the national epidemic threshold, will likely deteriorate food security in some regions. A specific case are the Burundians returning from Tanzania who often face difficult situations and rarely recover their house and land, making them dependent on external aid and vulnerable to protection issues and secondary movements.

Angola and **Zambia**, along with most of the Southern African countries, have been affected by a strong drought in the 2018/19 rainfall season. Large areas have received their lowest seasonal rainfall totals since at least 1981, when records began. In Angola, an estimated 1.1 million people are food insecure because of the drought. The IPC analysis for Zambia showed 1.7 million people severely food insecure (IPC 3 or above), expected to increase to 2.3 million people from October 2019 to March 2020.

Camp-based refugees in the region are in most cases fully dependent on humanitarian assistance, including food. The low level of funding for refugees in the Great Lakes in recent years has triggered significant cuts in the food rations in several locations.

■ **Populations affected by epidemics**

The Great Lakes' region is also largely affected by **epidemics**.

In the **DRC**, epidemics such as measles, malaria, cholera, yellow fever, and also Ebola are a recurring phenomenon across the country, which constitutes another major area of concern and would require a long-term effort from authorities to significantly improve existing health structures and vaccination coverage. 2019 was marked by the biggest Ebola outbreak in the DRC to date, and is still not under control. In the absence of effective national policies in place, life-saving interventions to address outbreaks remain crucial.

Burundi struggles with an increase in malaria since 2015. According to WHO, over 5.7 million malaria cases were reported in the first half of 2019, including 1 855 deaths.

Burundi is also one of the countries most at risk of a spill-over of the on-going Ebola outbreak in neighbouring DRC. Preparedness measures are on-going, but not yet to the level required. In addition, the malaria outbreak is complicating the EVD surveillance.

2) **Description of the most acute humanitarian needs**

■ **Protection**

Displaced populations and people affected by conflict require special consideration in terms of protection throughout the region.

The **DRC** is affected by a protection crisis fuelled by inter-communitarian and political conflicts leading to regular violations of international humanitarian law. The governance deficit and an inadequate response to fight impunity continue to exacerbate widespread insecurity, regular clashes and criminal activities. It also generates new waves of displacement and lack of protection of civilian populations with peaks of violence including, notably, sexual violence and child recruitment. Violations of housing, land and property (HLP) rights are one of the main obstacles to return movements of both IDPs and refugees. The Humanitarian Response Plan (HRP) 2019 estimated that 5.4 million persons are victims of human rights violations and in need of protection.

In **Burundi**, violence and violations of human rights are occurring. The return of Burundian refugees from **Tanzania** could further increase hardship in return regions and thus expose them to protection concerns. The shrinking asylum space in Tanzania (i.e. episodes of *refoulement*, irregular and arbitrary refugee status determination procedures, political statements about return of Burundian refugees and asylum seekers) is of significant concern, especially when coupled with the difficulties currently faced by refugees and asylum seekers to cover their basic needs, and the tensions between refugee/asylum seekers and host communities, which already resulted in episodes of violence.

■ Food assistance, food security & livelihoods

In the **DRC**, conflicts, instability and displacement remain the main causes for food insecurity. The country is facing the second biggest food crisis in the world. Analysis from the Integrated Food Security Phase Classification (IPC) shows that nearly 15.9 million people are severely food insecure (up from 13.1 million in early 2018 – that was already the double compared to 2017). More than four million people are in a food emergency situation (IPC phase 4). The territories classified at ‘IPC 4’ are mainly located in the provinces of Ituri, the Kasais, South Kivu and Tanganyika, which overlaps with areas experiencing or having experienced high levels of violence where agricultural activities and local markets have been disrupted.

In **Burundi**, despite improvements in the 2019 agriculture season, food security remains critical, particularly for poor farmers affected by reduced off-farm income opportunities. Despite efforts of development donors and partners to reorient their approaches, humanitarian needs and food insecurity are expected to increase during the period from October 2019 to January 2020 and beyond. Underlying structural problems compound the problem. Congolese refugees living in settlements as well as returnees and internally displaced Burundians will be particularly vulnerable to food insecurity.

In **Tanzania**, refugees and asylum seekers from the DRC and Burundi already experienced food ration cuts.

Rwanda is also affected by the lack of funding for the refugee response with food ration cuts in 2019. Perspectives of the food pipeline are not positive and the continuation of cash programming depends on available funding.

The drought that has affected **Zambia** during the last agricultural season 2018-2019 is the strongest in 30 years resulting in a significant increase in food insecure people. 2.3 million – 25% of the population – are projected to be severely food insecure (IPC3 and above) from October 2019 to March 2020. Malnutrition is also expected to increase.

■ Health

The burden of infectious and non-infectious diseases is very high in the **DRC**. Epidemics, in particular measles, cholera, yellow fever and Ebola virus disease, are occurring more frequently with an extended geographical scope.

The ongoing 10th **Ebola** virus disease outbreak in the **DRC**, declared on 1 August 2018, is the largest ever in the country and the very first one occurring in a conflict zone with high humanitarian needs. This has seriously hindered the response to Ebola. The outbreak is predicted to last well into 2020, requiring a continued response and preparedness measures. The Strategic Ebola Response Plan 4 is valid till the end of 2019 and goes beyond a pure public health response, recognising the needs to responding

more comprehensively to the needs of the population, beyond the pure health needs, in order to get community acceptance of the response, which still remains one of the main challenges.

The resurgence in measles in the **DRC** has affected all provinces with more than 180 000 suspected cases and 3 559 deaths by September 2019, affecting mainly children under five. The number of reported malaria cases is also on the rise. The prevalence of mental health problems is high and is a challenge given the overall desolate health system in the country. Underlying structural problems (overall underfinancing, lack of stewardship and engagement of health authorities), compounded with direct and indirect effects of conflict (exodus of human resources, looting of facilities, etc.) result in a mostly underperforming and weak health system. Maternal and child morbidity and mortality rates remain high because of poor access to healthcare (vaccination, prenatal care, emergency obstetric care, etc.) and other basic services.

Health also remains a concern in both **Burundi** and the refugee camps in neighbouring countries. Psychosocial needs are also important in all settings in the region.

■ **Nutrition**

Six million children suffer from chronic malnutrition or stunting in the **DRC**, according to UNICEF. However, only 15% of children suffering from acute malnutrition have access to nutritional care. Depending on factors such as extreme poverty, lack of access to basic services, population displacement, etc., some areas experience higher than average levels of acute malnutrition. Specific surveillance and response systems are therefore needed. Given the shortcomings of the national healthcare system, the lack of qualified health staff, and insufficient funding of the health and nutrition sectors, it is apparent that the local capacity to respond to such levels of acute malnutrition is extremely poor.

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

In **Zambia**, stunting rates are as high as 46% in some provinces. Stunting and acute malnutrition may rise as a consequence of the current drought.

■ **Water, sanitation and hygiene (WASH)**

Most of the **DRC** faces problems of water quality rather than quantity. Access to water supplies, basic sanitation and good personal hygiene knowledge and practices are largely inadequate. This situation can become a risk when combined with a context of population displacements and influxes or epidemics such as cholera, which has become endemic in the east near the Great Lakes. In the Burundian refugee camps, and in particular in **Tanzania**, access to water is a major need together with the necessity to ensure a "do no harm" approach for the local/host communities. In **Rwanda**, the Congolese refugee camps face severe problems with sanitation due to the poor infrastructure and dense crowding of sites, most of which are over 20 years old.

■ **Shelter and non-food-items (NFI)**

For refugee/IDP camps and settlements, the provision of shelters and NFIs is essential and should be adapted to the reality on the ground, including environment, land tenure

and protection concerns. Many have lost their belongings due to widespread and repeated looting and/or because of their displacement. In the **DRC**, most IDPs live with host families, thus putting huge pressure on the available communities' shelters. In refugee camps in the region, shelter remains in general a major need both at household and school levels.

■ **Education in Emergencies (EiE)**

Displacement and conflict significantly affect children's rights, including the access to education, which requires a strong integration and collaboration between EiE and child protection actors.

While education needs are in general high in the **DRC**, they are a particular challenge for displaced children, IDPs and refugees.

In **Tanzania** and **Zambia**, the education-related needs of refugees remain largely unmet. While more than eight out of ten children between 6 and 14 years are enrolled in primary education, the number of schools remains inadequate. Inadequate access to quality teaching and learning material, distance of schools, lack of sanitary material (especially for girls) and low number of qualified teachers have been identified among the major challenges for children to access education opportunities.

Gender-based discriminations also significantly hamper girls' access to education and retention, especially the transition to secondary level.

■ **Disaster preparedness and resilience**

Many areas of the Great Lakes' region frequently experience natural hazards that overwhelm the coping capacities of communities and authorities. Investment in disaster preparedness and emergency response is generally weak due to conflicting priorities. In the **DRC**, there is no existing DRR policy framework or a functioning disaster management body and a poorly functioning civil protection mechanism.

In the **DRC**, frequent, large scale, unpredictable conflicts are the main triggers for displacement and humanitarian needs. In **Burundi**, the political crisis is the main cause of humanitarian concerns, compounded by food insecurity on top of other disaster effects. Inadequate risk informed approach, and multi hazard early warning/early response mechanisms in both deprive capacity to enhance timeliness and effectiveness to prepare for and respond to any crisis.

■ **Safety and security/humanitarian access**

The volatile and deteriorating operational environment for humanitarian actors in particular in the **DRC** calls for supporting an enhanced and coordinated safety and security awareness, as well as strictly neutral, impartial and independent action. Humanitarian actors have been subject to an increasing number of attacks making the **DRC** worldwide one of the most insecure countries for them. Community mistrust is a significant obstacle to controlling the Ebola outbreak, and Ebola responders have been directly targeted by frightened communities and armed groups. In **Burundi**, more recent administrative hurdles complicate access to people in need by humanitarian actors.

■ **Coordination, advocacy and communication**

The complex nature of the conflict in the **DRC** and the mandate of MONUSCO with a Force Intervention Brigade requires adequate coordination and clear respect of civil-

military guidelines. Concerted efforts to improve civil-military coordination and advocacy on principled actions are vital. Humanitarian actors need to defend their image and core principles of neutrality, impartiality, humanity and independence in order to ensure access to conflict-affected populations. This is also relevant for the Ebola response. Advocacy remains vital to building a positive understanding of humanitarian actions and principles. Systematic and timely needs assessments, data collection, analysis, presentation and dissemination, are necessary to lead to enhanced humanitarian coordination. Furthermore, advocacy and communication could help increase the level of understanding about the issues at stake in the region - and help bridging the gap between emergency, relief and rehabilitation while including development actors to cover gaps and look at more sustainable investments.

■ Logistics

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

In the **DRC**, ECHO Flight provides essential humanitarian air services also for the Ebola response.¹¹

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

The government of the **DRC** lacks the capacity and/or willingness to address the humanitarian consequences of the high insecurity and fighting in several parts of the country, including the Kivus, Tanganyika, Ituri and Kasai. At the same time, interventions by the national armed forces (FARDC) are sometimes perceived by local populations more as "part of the problem" than as a solution especially in terms of protection. Authorities lack the capacity and/or willingness to address the food and nutritional crises and epidemics with the exception of Ebola, where the Ministry of Health has taken a strong stance in terms of leadership of the response. Expenditure on social services and physical infrastructures remains very low compared to the huge scale of the needs and the size of the country.

Despite very limited resources, all countries in the region host refugees fleeing from internal violence/fighting and have granted them the appropriate status, but sometimes with reservations on the conventions (freedom of movement and right to employment, etc.). The **DRC** grants *prima facie* to refugees from CAR, Burundi and South Sudan. The government of **Rwanda** grants *prima facie* refugee status to refugees from Burundi and the DRC. Rwanda has been particularly involved in ensuring registration and providing security and is in the process of issuing national ID cards to all refugees to enable them to move freely and access social services and jobs. The Minister for Disaster Management is an active site manager for all transit and refugee sites.

Tanzania lifted the *prima facie* status for Burundian refugees in 2017, going back to individual refugee status determination and is publicly envisaging non-voluntary returns for Burundian refugees. In line with the current Burundi government discourse that the

¹¹ ECHO Flight is covered by its own HIP.
ECHO/COD/BUD/2020/91000

situation in Burundi would have substantially improved and that the country would be sufficiently safe to envisage returns of refugees and asylum seekers, repatriation schemes are in place. This view is however not being shared and the situation in Burundi is perceived as not being conducive for an influx of returnees.

Tripartite agreements were signed between the DRC, **Angola** and UNHCR in 2019 for returns to DRC; and were signed in 2017 between Burundi, **Tanzania** and UNHCR for returns to Burundi, to start and frame the return of refugees to their country of origin. The voluntariness of the processes need close scrutiny as well as the sustainability of these returns.

2) International Humanitarian Response

In the **DRC**, the annual Humanitarian Response Plan (HRP) has been so far linked to a three-year humanitarian response strategy (2017-2019) to tackle the complex, inter-linked and multi-dimensional humanitarian challenges in the country with the aim to significantly reduce humanitarian needs in the long-term. The four main objectives could be summarised as: 1) immediate improvement of the quality of life for the population affected by the conflicts, 2) protection of populations affected by the conflicts, 3) reduction of morbidity and mortality of the populations affected by the conflicts, 4) a fast, effective and accountable response in line with the humanitarian principles. The 2019 HRP required USD 1.65 billion, targeting nine million people. The funding requirements do not include appeals by the International Committee of the Red Cross and *Médecins Sans Frontières*, as well as the requirements for the Ebola epidemics' response, which have been covered by successive Strategic (Ebola) Response Plans (SRPs).

The UN works as an integrated mission in the DRC, which requires a clear distinction between the instruments for the political stabilisation and independent humanitarian aid. As already mentioned in the "context section", MONUSCO engages in direct military interventions against non-state armed actors and in close collaboration with the FARDC.

The humanitarian coordination system includes the Humanitarian Country Team (HCT) of which the Commission/DG ECHO is a member, and inter-cluster coordination consisting of eight clusters. Donors' coordination includes all the main traditional donors, including the Commission, EU Members States and other donors such as, Canada, Norway, Switzerland and the US. A parallel coordination system is put in place for the Ebola response, under the strict leadership of the DRC authorities, with an UN Ebola Emergency Coordinator and very strong donors' coordination in place.

In **Burundi**, the UN Office for the Coordination of Humanitarian Affairs (OCHA) re-established its presence in 2015 leading to a better coordination of the humanitarian actors in situ. The 2019 Burundi HRP required USD 106.3 million and targeted 710 000 people.

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

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

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

3) Operational constraints:

i) Access/humanitarian space

Restricted **access**, either due to insecurity and/or administrative requirements put in place by authorities, as well as context-specific difficulties, such as remoteness and logistics concerns, are major constraints in the region, in particular in the **DRC** and **Burundi**. The integrated character of the UN mission may also reduce humanitarian space in the DRC.

Humanitarian organisations working in the region face increasing administrative hurdles to do their job, such as obstacles to import equipment, obtaining visa or work permits and/or recruit expatriate staff for the humanitarian response, as well as registration and taxation demands, and restrictions to collect, analyse and share data for needs assessments and monitoring. All these issues hamper the capacity to deliver aid in a timely, effective and accountable manner.

The DRC is a vast country and tremendously complicated in **logistical** terms. Regarding transport, there are very few paved roads or cleared waterways, aircraft and airport infrastructures are in appalling conditions, and logistics for delivering humanitarian aid is very costly all over the DRC.

Security remains a major constraint for humanitarian operations in the **DRC**. An increase in attacks directly targeting aid workers is a very worrying trend, as is the level of pressure and obstruction from various parties that constrains the independence, impartiality and operating space for relief organisations ("blurring of lines"). Military operations, repeated attacks on the local population and humanitarian workers, and the shifting of fighting to the most remote areas increase the difficulties in maintaining an appropriate response capacity. Insecurity due to banditry has increased. Aid workers are victims of attacks and kidnapping for ransom. The security situation in too many regions is extremely worrying and partners need to be cautious in order to gain safe access to beneficiaries. Overall, the security situation remains very volatile and other areas may be subject to security incidents and need to be closely monitored. The security situation is further complicating the Ebola response in the affected areas, so as the use of armed escorts, which needs to remain at "last resort".

Preserving **humanitarian space** implies that the delivery of humanitarian assistance must be based on independently assessed and verified **needs and access**. In that respect, dialogue with all parties needs to be pursued and International Humanitarian Law (IHL) dissemination ensured. Acceptance by the communities is essential and recognised quality of action, adapted to the needs of the communities is key for this.

The risk of **instrumentalisation** of humanitarian aid remains high, leading to a potential misperception about the independence and neutrality of the humanitarian action. It puts at risk humanitarian workers' safety while reducing access to the most vulnerable. In the **DRC**, the focus on stabilisation in some areas has the potential to put at risk access and shrink the humanitarian space.

In **Burundi** and **Tanzania**, the humanitarian space has been reduced following tensions between authorities and parts of the international community. In **Burundi**, aid agencies are not allowed to perform assessments or work on issues that are perceived by the government as linked to the political instability, violence, and/or the government's failure to cover the basic services for its population. The government only allows assessments and interventions that are related to natural disasters, and assistance has to be controlled

or channelled through government structures. The government intends to operationalize through a decree the law from 2017 that governs INGOs, by imposing a set of rules that would make their work increasingly difficult; for example: no independent assessment in the border area with Tanzania, staff ethnic composition, bank restriction, etc. In **Tanzania**, the government issued an Amendment of the Tanzanian NGO Act in October 2018 with potential negative consequences.

ii) Partners (presence, capacity)

DG ECHO has an extensive partner network in most of the countries of the Great Lakes' region, and in particular in the DRC.

It remains paramount for DG ECHO partners to ensure high quality of programmes, including through adequate implementing capacities (financial and human resources). All activities involving transfer of resources must be properly monitored and supported by strong accountability mechanisms to minimise the risk of fraud and aid diversion. Partners are reminded that they should immediately inform DG ECHO of any irregularities, incidents or events, in particular regarding aid misappropriation and theft, likely to hamper or delay the implementation of the action and resulting in negative financial consequences.

iii) Absorption capacity on the ground and efficiency of operations

The high level of insecurity in part of the region has a direct impact on the costs of the operations that needs to be taken into account. Likewise, self-reliance policies that aim at including the local/host communities in the refugee and IDP response may have an impact on the overall operational costs and should be taken into account.

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

- General considerations for all interventions

All humanitarian interventions funded by DG ECHO must demonstrate the integration of gender and age sensitivity in a coherent manner. Also, all humanitarian interventions funded by DG ECHO must take into consideration any risk of sexual- and gender-based violence (SGBV) and should develop and implement appropriate strategies to actively prevent such risks. DG ECHO equally urges the establishment of quality, comprehensive and safe SGBV response services.

Specific attention will also be paid to the measures ensuring inclusion of people with disabilities in proposed actions.

DG ECHO will give particular attention to climate-proofing humanitarian response.

For more information see the Thematic Policies Annex.

In view of the nature of the crises in the Great Lakes' region, mostly man-made related, both acute and protracted, and the significant number of people affected either by forced displacement and/or food insecurity and malnutrition, DG ECHO will focus on protection, vulnerabilities and life-saving assistance. It will prioritise the population at highest risk - based on objectively assessed needs – provided that humanitarian response can be effective, whilst at the same time not compromising any effort to link with development actors in view of seeking long-term solutions to recurrent issues i.e. in particular for forced displacement.

In the **DRC**, humanitarian operations will be articulated with the existing development programmes in order to maximise impact and improve access to quality health care for
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affected populations. Integrated interventions will be promoted and local capacities supported to strengthen health structures resilience.

During the implementation of this HIP, special attention will be given to relevant aspects of international humanitarian and refugee laws, humanitarian access and humanitarian principles. Further, humanitarian advocacy and mediation interventions will be needed to secure effective access to the most vulnerable populations and ensure the delivery of sustainable, coordinated and principled humanitarian assistance. As a general remark, a **multi-sectoral approach** will be encouraged in project implementation in order to ensure an integrated response to the needs of the most vulnerable. Furthermore, in such a context, protection mainstreaming and integrated approaches are needed. Analysis of protection risks and articulation of these into humanitarian interventions are essential.

It is to be noted that depending on budget availability, and in view of the very significant needs in the region, prioritisation will have to be made. The **DRC** crisis, including the Ebola response, may continue to absorb the bulk of the funding given the scale of needs and the level of vulnerability of its population. As already highlighted, the Ebola response cannot be seen in isolation and requires a full comprehensive humanitarian response to basic needs of the population in view of gaining acceptance of the Ebola response. The Ebola response cannot succeed if it does not win “the hearts and the minds” of the local population. Surveillance and detection of cases are more efficient when performed close to populations. The response to Ebola outbreak cannot be seen as detached from the overall humanitarian crisis in the DRC and should be implemented by those close to the communities.

DG ECHO will continue to prioritise the response to new emergencies, which can also be the result of the deterioration of an existing crisis (*"a crisis within the crisis"*). DG ECHO intends to address urgent needs arising from population movements in conflict zones and life-threatening situations in non-conflict areas using the most appropriate response mechanisms.

In addition to the protracted and larger scale disasters, the region is characterised by recurrent man-made and natural medium to small size rapid on-set crises. While the probability of occurrence of such more localised crises is high, inadequate instruments for early warning, makes it difficult to anticipate their location and the extent of the magnitude. DG ECHO, in view of the disaster risks in the region, will privilege disaster risk informed approaches in all its humanitarian actions, as a basis to enhance preparedness for effective response and early action. Three models for strengthening preparedness for early response capacity will be prioritized: (1) rapid response mechanisms (RRM) as stand-alone actions; and (2) crisis modifiers (CM) as a separate result embedded into an action and with a dedicated budget and (3) in **Burundi**, resilience building and targeted disaster preparedness actions to be supported under the dedicated disaster preparedness budget line. In line with the nexus approach, there will be close collaboration with allocations under the 11th EDF also aimed to work towards disaster preparedness.

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

- o End the outbreak of Ebola virus disease;

- o Enhance the protection of civilian populations both displaced and residing in conflict-affected regions;
- o Reduce the mortality and morbidity within communities affected by the crises of diverse origins (conflict, epidemics, acute malnutrition, food insecurity) or those at risk in areas where emergency thresholds have been reached;
- o In light with the severity and the magnitude of the problem, a specific attention will be given to nutrition aspects;
- o Improve living conditions through access to minimum basic services (health, WASH, food, nutrition, education in emergency, etc.), reduce vulnerability and preserve dignity for conflict-affected and food insecure population including internally displaced populations, refugees, returnees and host communities;
- o Support the humanitarian community's capacity to deliver assistance to the most remote areas through air transport,¹² coordination and security support.

- Response in the framework of protracted displacement situations

In the Great Lakes' region, forced displacement situations tend to become protracted whilst at the same time being aggravated by new displacements. Needs-based targeting will be key to ensure that priority is given to the most vulnerable throughout their displacement. Rapid response capacity should be scaled-up quickly in the case of large-scale movements. For protracted refugees and IDPs, specific response modalities, that go beyond care and maintenance and seek to increase self-reliance, could be embedded into the response if budgetary availability allows it. Interventions should take host populations into consideration as far as possible. Furthermore, potential tensions between host communities and refugees/returnees have to be analysed and monitored. ECHO projects should help decreasing tensions with the host communities.

Return of IDPs and refugees to their respective countries/areas of origin or choice must remain voluntary, informed and take place in safety and dignity. It also needs to be coordinated and follow the same assistance strategies in the country/area of return in order not to create further disparity. Strong advocacy will be needed as hosting countries to respect the IHL and Refugees rights.

In the past years in the region, there has been a strategic shift from traditional food in-kind distribution to cash-based transfers both for the host population and the displaced. In order to enhance efficiency, accountability and scalability, the increasing uptake of cash transfers to meet basic needs of affected populations is encouraged as the preferred modality whenever relevant and feasible.

- Disaster preparedness

Burundians are exposed to many rapid-onset disasters. Strengthening preparedness and linking early warning to early action is needed to allow unprepared communities to respond to emergencies and enhance their resilience, avoiding exhausting further their meagre coping capacities. Furthermore, the envisaged general elections in 2020 could potentially trigger renewed instability and civil unrest. Enhance local capacity to deliver an early, professional and principled humanitarian response may prove essential, while collaborating with disaster preparedness allocations from the 11th EDF.

¹² Including through the 2020 ECHO Flight HIP.
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4. HUMANITARIAN COORDINATION

1) Other DG ECHO interventions

ECHO Flight, providing safe air transport for humanitarian actors in order to reach people in need in locations otherwise not reachable or very difficult to reach, in particular in **DRC**, is subject of a separate HIP.

The Emergency Toolbox HIP may be drawn upon the prevention of, and response to, epidemic outbreaks. The toolbox includes the Small-scale Response, Acute Large Emergency Response Tool (ALERT) and the Disaster Relief Emergency Fund (DREF) – instruments which provide potential funding options.

2) Other donors' engagement

In the **DRC**, other traditional humanitarian donors are present, including Belgium, Sweden (SIDA), the UK (DfID) and the US (USAID/OFDA/FFP). Close coordination among the main donors for the Ebola response and preparedness measures in the region continues as well (World Bank Group, EU, US, UK, Germany and the Vaccine Alliance GAVI). The 2019 Humanitarian Response Plan (HRP) for the DRC requires USD 1.65 billion with a funding of USD 620 million in mid-September 2019¹³. The requirements for the Ebola response are not included and amount to USD 578 million for the most recent Strategic Response Plan (n°4) which covers the period until 31 December 2019. The Ebola funding requirement is in principle fully covered. The financial tracking matrix set up by the World Bank allows to monitor the respective donor's commitments and disbursements, ensuring a proper division of labour for the Ebola response.

Regarding the refugee response in the region, the main humanitarian donor interlocutors for DG ECHO remain the US (PRM, FFP) and UK (DfID).

In **Burundi**, the main humanitarian donors remain those present in the development sphere including the US (USAID) and UK (DfID) and different cooperation agencies mainly those of Belgium, Germany, The Netherlands and Switzerland. The 2019 Burundi Humanitarian Response Plan (HRP) required USD 106.3 million with USD 49.3 million funding reported in mid-September 2019¹⁴. The Burundi Regional Refugee Response Plan requires USD 296.4 million with 22% covered in August 2019 (source: UNHCR).

In both **Burundi** and **Rwanda**, strong coordination and advocacy are needed to allow for the provision of accurate and independent humanitarian data as well as sustaining the humanitarian action in a principled manner.

5. HUMANITARIAN-DEVELOPMENT-PEACE NEXUS

1) Other concomitant EU interventions

In the DRC, the 11th European Development Funds (EDF) National Indicative Programme (NIP) amounts to EUR 620 million for the period of 2014-2020 and focuses in EU support in four main areas: health linked to 'Linking relief, rehabilitation and development' (LRRD), environment and sustainable agriculture, roads, governance and

¹³ Financial Tracking System (FTS) by the United Nations' Office for the Coordination of Humanitarian Affairs (UN OCHA), state-of-play 12 September 2019.

¹⁴ OCHA FTS 12 September 2019
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the rule of law. Public finance management will also be prioritised as a cross-cutting issue. The main EDF Health programme is also implemented in areas affected by humanitarian crises such as Ituri, North Kivu and the Kasai provinces. The EU aims at strengthening the health system with a particular focus on accessibility and quality of the services.

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

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

The EU also provides funding for a holistic support to vulnerable women survivors of gender-based violence in eastern DRC with access to quality health services as well as judicial support and economic and educational reintegration with a total amount of EUR 6.9 million (two ongoing grants to Panzi Foundation). This complements efforts against gender-based violence supported by humanitarian interventions in South Kivu for decades.

The **nexus approach** has also been instrumental in reinforcing the response to the Ebola outbreak, with 11th EDF health programme funding going into the free provision of healthcare in the Ebola-affected area (in eight health zones covered by the programme out of 13 currently affected by Ebola). The EU Instrument contributing to Stability and Peace (IcSP) (“short term component”) is supporting community engagement in the Ebola-affected area to overcome strong local resistance.

The IcSP further provides support to the stabilisation and social cohesion of the Kivu region, e.g. through engagement with youth as community leaders as well as support to Burundian refugees and their host communities. Moreover, the Instrument contributes to facilitating dialogue, mediation and reconciliation, including the promotion and protection of housing and property rights, in the Kasai region.

When it comes to the refugees’ response in the Great Lakes DG ECHO response will in principle focus on more recent displacements and promote UNHCR's Comprehensive Refugee Response Framework (CRRF) approach in line with the EU communication on forced displacement aiming at engaging with development actors on protracted refugee settings¹⁵ whenever possible.

In **Burundi**, despite the application of Article 96 of the Cotonou Agreement (suspension of financial support and payments directly benefiting the Burundian administration and public institutions), the EU continues providing support directly to the Burundian population through initiatives ensuring access to basic services (health support with a total amount of EUR 40 million), and agriculture and nutrition assistance (EUR 15 million), both decided in 2016. These actions in favour of the Burundian population are closely coordinated with ongoing humanitarian actions. A measure to support the resilience of the population with EUR 95 million, approved in 2017 on health, rural development/nutrition and rural energy sectors, is being implemented by Member States agencies, international organisations and NGOs. In addition, EUR 7 million are

¹⁵ For more information: "Lives in dignity: from aid-dependence to self-reliance", available at: http://ec.europa.eu/echo/files/policies/refugeesidp/Communication_Forcible_Displacement_Development2016.pdf

envisaged to support civil society. A humanitarian-development-peace nexus framework could be a potential answer to the crisis. In addition, the IcSP contributes to strengthening social cohesion through social and economic empowerment of vulnerable youth.

In **Tanzania**, the government's withdrawal from the Comprehensive Refugee Response Framework (CRRF) in 2018 has made it very difficult to offer longer-term and sustainable responses to existing refugee needs from which the host community would also benefit. However, The EU Trust Fund for Africa has recently engaged in support of the Comprehensive Refugee Framework in some other countries of the Great Lakes such as **Rwanda**.

Assessment of proposals and final selection of projects will take into account nexus opportunities, supporting as far as possible synergies and complementarities with programmes funded by development and peace actors.

2) Exit scenarios

Realistic options for exiting from an entire country or region are currently very limited in the context of the ongoing crises in the **DRC** and regarding the Burundian refugee situation. New crisis situations keep popping up on a more or less regular basis, especially in the DRC, and at this stage there are no signs of an end to the various conflict situations or of lasting stability, rather the contrary.

In **Burundi** and **Tanzania**, the situation will continue to be monitored and any exit strategy would be closely linked to the evolution of the political situation – with both countries envisaging general elections in 2020 – and socio-economic situation, as well as the strategic approaches of development donors.

In **Rwanda**, DG ECHO will continue to engage with development donors to encourage more sustainable investment in refugee settings after the government subscribed to the Comprehensive Refugee Response Framework in 2018. These developments should lead to the exit of ECHO's intervention for the refugees in the camps once the humanitarian needs are covered by development actors. 2020 is expected to be an interim year in which humanitarian funding might still be required until development funding kicks in fully.

EU humanitarian interventions in other countries in the Great Lakes' region were more ad hoc and limited in its approach and timing, triggered by emerging crises. No exit strategy is therefore required.