

## **HUMANITARIAN IMPLEMENTATION PLAN (HIP)**

### **GREAT LAKES<sup>1</sup>**

**The full implementation of this version of the HIP is conditional upon the necessary appropriations being made available from the 2021 general budget of the European Union**

**AMOUNT: EUR 72 500 000**

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2021/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes<sup>2</sup> is to serve as a communication tool for DG ECHO<sup>3</sup>'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**

#### **THIRD MODIFICATION AS OF 9 JULY 2021**

Camp-based refugees in **Tanzania** and **Rwanda** have been facing food ration cuts in recent months and often go hungry. The World Food Programme (WFP) has been forced to reduce its food assistance to the refugees because of funding shortages.

In Tanzania, WFP supports 240 000 camp-based refugees and asylum-seekers with food assistance. Refugees are not allowed to seek work outside the camps and rely fully on external assistance to cover their basic needs. WFP has been forced to gradually reduce food rations over many months and distributes less than the minimum required kcal to refugees since December 2020.

In Rwanda, WFP supports more than 138 000 refugees in camps with basic food assistance, including around 48 000 from Burundi. While refugees are allowed to seek work outside camps, jobs are scarce and COVID-19 has further reduced previously existing opportunities. At the same time, WFP had to cut food rations by up to 60% (depending on the vulnerability of the individual refugee) since March 2021.

On the basis of the current identified needs, an additional amount of EUR 3 million has been mobilised out of which EUR 2.5 million are for the provision of food assistance to the refugees in Tanzania and EUR 500 000 for the provision of food assistance to the refugees hosted by Rwanda.

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<sup>1</sup> The Great Lakes' region in this HIP covers the following five countries: Burundi, Democratic Republic of the Congo, Republic of Congo, Rwanda and Tanzania.

<sup>2</sup> Technical annex and thematic policies annex.

<sup>3</sup> Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO).

## **SECOND MODIFICATION AS OF 10 MAY 2021**

The **Democratic Republic of Congo (DRC)** continues to face one of the world’s worst humanitarian crises. Almost a third of the Congolese population goes hungry: A staggering 27.3 million people in the DRC are facing high levels of acute food insecurity, according to data presented by the Integrated Food Security Phase Classification (IPC) end of March 2021. This is the highest figure ever recorded by IPC worldwide. 6.7 million Congolese are food insecure at emergency level (IPC phase 4). Among the key drivers of the food insecurity are conflict, related displacement, and the disruption of livelihoods, which affect in particular the east of the DRC.

On the basis of the current identified needs, an additional amount of **EUR 15 million** will be mobilised from the European Union’s Solidarity Emergency Aid Reserve, after approval of the relevant request by the Budgetary Authority, to scale-up life-saving operations and the delivery of emergency food and nutrition assistance, supported by an emergency multi-sectoral response as needed, to the most vulnerable people in need – mainly conflict-affected, displaced persons and/or epidemics-affected people who face acute food insecurity. In line with the strategy outlined in this HIP, the geographical focus remains in principle on the eastern part of the DRC, in particular the conflict-affected provinces and areas where the food security needs are the most precarious, and where the multitude of crises have created higher overall vulnerabilities.

## **FIRST MODIFICATION AS OF 8 MARCH 2021**

Conflict and insecurity in the Central African Republic (CAR) triggered a new influx of refugees into neighbouring countries, especially into the **Democratic Republic of Congo (DRC)**. UNHCR estimates that around 50 000 people fled the recent violence by seeking refuge in the DRC, with more expected to come. The new arrivals place a great strain on local host communities who often lack the resources to meet their own needs. The Congolese government and humanitarian aid organisations have scaled up efforts to provide emergency assistance and protection to the newly arrived asylum-seekers despite the logistical challenges for the response due to the remoteness of the three affected provinces of Bas-Uele, North and South Ubangi. Some arrivals have settled on islets in the river. In addition to protection, the most urgent needs include food, water, shelter, health care, as well as core relief items and sanitation to prevent a potential spread of epidemic diseases. In addition to logistical challenges, security is challenging in parts of Bas-Uele because of the presence of the so-called “Lord’s Resistance Army”.

On the basis of the current identified needs, an additional amount of EUR 3 million has been mobilised out of which EUR 2 million are for the emergency response inside CAR and EUR 1 million for supporting the emergency response for the newly arrived refugees from CAR in the DRC, and their host communities.

### **1 CONTEXT**

The Great Lakes’ region in Africa continues to be confronted with a multitude of complex crises, man-made as well as recurrent natural disasters, compounded by poor governance and/or insufficient development triggering also humanitarian consequences. Crises in the region are both protracted and acute, affecting millions of people.

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

neighbouring countries: Tanzania, Rwanda, the DRC and Uganda. For the DRC, DG ECHO's Integrated Analysis Framework for 2020 identified extreme humanitarian needs. The vulnerability of crisis-affected populations is assessed to be very high in the country. For Burundian refugees, humanitarian needs are very high.

	<b>DRC</b>	<b>Burundi</b>	<b>Tanzania<sup>4</sup></b>	<b>Rwanda<sup>5</sup></b>	<b>Republic of Congo</b>
<b>INFORM Risk index<sup>6</sup></b>	<b>7.6/10</b>	<b>6.0/10</b>	<b>5.1/10</b>	<b>4.2/10</b>	<b>5.2/10</b>
Vulnerability index	7.8/10	6.5/10	5.7/10	6.1/10	6.0/10
Hazard and exposure	7.4/10	4.9/10	3.7/10	2.4/10	3.2/10
Lack of coping capacity	8.0/10	6.9/10	6.2/10	5.1/10	7.3/10
<b>Global crisis severity index<sup>7</sup></b>	<b>5/5</b>	<b>3/5</b>	<i>no data available</i>	<i>no data available</i>	<i>no data available</i>
Projected conflict risk	10./10	8.6/10	2/10	1.5/10	3.4/10
Uprooted people Index	9.6/10	6.5/10	6.4/10	6.6/10	7.7/10
Humanitarian conditions	4.0/5	2.5/5	<i>no data available</i>	1./5	<i>no data available</i>
Natural disaster index	4.5/3	3.6/10	5.1/10	3.5/10	3.9/10
HDI ranking <sup>8</sup>	<b>179/189</b>	<b>185/189</b>	<b>159/189</b>	<b>157/189</b>	<b>138/189</b>
Total population <sup>9</sup>	<b>86.7 million</b>	<b>11.5 million</b>	<b>58 million</b>	<b>12.6 million</b>	<b>5.38 million</b>

The pattern of conflicts in the Great Lakes is dynamic and triggers vast and repeated displacements within and across national borders. The **DRC** still bears the brunt of the conflicts that broke out along its eastern borders since the 1990s. The impact on civilians of the frequent episodes of extreme violence, especially in the eastern provinces of **DRC**, is a major concern with regular human rights violations, including targeted attacks against civilians and a high prevalence of gender-based violence. The prevailing violence is also partly responsible for the dramatic food insecurity and under-nutrition, as it often prevents farmers from tilling their land and accessing local markets.

The DRC 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

<sup>4</sup> The information in this table concerns the overall situation in the country but not that of the refugees – who are the focus of DG ECHO action in Tanzania.

<sup>5</sup> The information in this table concerns the overall situation in the country but not that of the refugees – who are the sole focus of DG ECHO action in Rwanda.

<sup>6</sup> INFORM is a global, open-source risk assessment for humanitarian crises and disasters.

<sup>7</sup> <http://www.inform-index.org/global-crisis-severity-index-beta>

<sup>8</sup> Human development index, developed by UNDP.

<sup>9</sup> World Bank data 2019, rounded figures.

army, the *Forces Armées de la République Démocratique du Congo* (FARDC)<sup>10</sup>. In such context, civil-military coordination remains of utmost importance.

The election results in **Burundi** in 2020 have so far not addressed the issues, which triggered the exodus of Burundians into neighbouring countries back in 2015. Whilst the overall situation in the country remains not conducive for a massive return, pressure is mounting on Burundian refugees in Tanzania to repatriate back to Burundi.

The impact of the crises in DRC, Burundi and other countries around the DRC borders, on the region translates into the presence of refugees. The region hosted around 1.7 million refugees in mid-2020, mainly from Burundi, the DRC, Rwanda, Central African Republic and South Sudan. Most refugees are in **DRC, Tanzania and Rwanda**.

Against the backdrop of limited investment in social services, and of the impact of violence on livelihoods, crisis-affected people in the fragile states of the Great Lakes' region<sup>11</sup> lack livelihood opportunities and often live in extreme poverty. **DRC** is considered one of the largest food crisis in the world, with millions acutely food insecure. Access to basic social services is inadequate, especially in the **DRC**, in the **Republic of Congo** and in **Burundi**.

In addition to conflict, the region faces recurrent outbreaks of epidemics, including measles, malaria, cholera, yellow fever, dengue, Ebola and, since 2020, COVID-19, without having health systems capable of addressing and controlling these outbreaks.

The health and socio-economic impact of COVID-19 in the region has further worsened the plight of the most vulnerable, especially in poor and crowded urban areas that are a hotspot for the disease. Densely populated refugee camps and settlements of internally displaced persons are also at high risk of COVID-19 transmission.

For 2021, the overall political and humanitarian situation in the Great Lakes is not expected to improve. Political instability is likely to increase in the **DRC**, as political tensions at national level have risen considerably in 2020 and are not likely to be resolved before the next presidential elections in 2023. The root causes of the extreme violence in eastern DRC remain (and would need to be addressed at a regional political level with particular focus on mineral trafficking), while the level and brutality of armed conflict intensified further in 2020. In addition, the envisaged progressive withdrawal of MONUSCO would most likely further expose populations to armed groups, while also negatively impacting humanitarian access. With the presidential elections in **Tanzania** in October 2020, the plight of the **Burundian refugees** is likely to continue. The region as a whole is facing increasing socio-economic challenges, which are further accelerated by the COVID-19 pandemic.

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<sup>10</sup> 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).

<sup>11</sup> Out of 179 countries assessed in the Fragile State Index 2020 by the Fund for peace, the **DRC** remained the 5<sup>th</sup> most fragile country in the world in 2020 and was placed on “very high alert”. **Burundi** was ranked 12<sup>th</sup> most fragile state worldwide and among the ten most long-term worsened countries for the period 2010-2020. The **Republic of Congo** was considered the 25<sup>th</sup>, **Rwanda** the 35<sup>th</sup> and **Tanzania** the 61<sup>st</sup> most fragile state globally.

## 2 HUMANITARIAN NEEDS

### 2.1 People in need of humanitarian assistance

<sup>12</sup>	DRC	Burundi	Tanzania	Rwanda	Republic of Congo
Refugees	538.000	77 000	245 000	150 000	42 000
IDPs	5.5 million, (1.8m since 2018)	136 000			134 000
Severely food insecure people (IPC 3+4)	21.8 million	1.44 million	490 000		700 000 <sup>13</sup>
Severely Acute Malnourished under-5 children	3.6 million	45 000			
Affected by epidemics	25.6 million				
Protection needs (SGBV; children out of school)	18 million	460 000			

(All figures in the table are rounded)

#### 2.1.1 Refugees and asylum seekers

Recurrent crises in the DRC, Burundi, South Sudan and the Central African Republic have led to multiple waves of refugees. Most of them live in camps, except in the DRC, where many settle in local Congolese communities. Refugee camps in the Great Lakes' region are mainly managed by UNHCR. Most refugees depend fully on humanitarian assistance provided by the international community, except in Rwanda and in the Republic of Congo where limited livelihood options exist. The low level of funding for refugees in recent years and the absence or limited existence of long-term programmes occasionally trigger cuts in food rations and other basic services in several locations.

The **DRC** hosts more than half a million refugees, mainly from Rwanda, Burundi, Central African Republic and South Sudan. The quality of the refugee response is still insufficient and access to basic services interlinked with protection needs of refugees require specific attention. However, unless a new wave of refugees occurs, long-term solutions should be a priority for addressing their needs and the ones of host communities. The DRC is also the country of origin of more than 900 000 refugees in neighbouring countries: Uganda, Tanzania, Rwanda, Burundi, Zambia, Angola and the Republic of Congo, some for more than a decade.

**Rwanda** hosts around 77 000 refugees from the DRC and around 72 000 refugees from Burundi. Over 60 000 of the latter live in Mahama camp, while the rest live as urban refugees in the Kigali region. Rwanda continues to grant *prima facie* refugee status to Burundian refugees. While refugees have the right to work and freedom of movement, livelihood opportunities remain limited. Access to core protection services exists, but risks of sexual and gender-based violence (SGBV) and child protection remain of concern. At the same time, a number of Burundian refugees have started to return to their

<sup>12</sup> Sources: Refugees: United Nations High Commissioner for Refugees (UNHCR). Other: Humanitarian Response Plans for Burundi and the DRC. IDPs/RoC: UNHCR.

<sup>13</sup> Figure for Brazzaville only. Source: WFP

home country. Monitoring of these returns is essential to ensure protection and sustainability.

**Burundi** hosts over 77 000 refugees and asylum-seekers from the DRC, mainly from North and South Kivu provinces. The majority of them (59%) live in four camps, 41% are urban refugees.

In **Tanzania**, around 79 000 Congolese refugees are hosted together with around 165 000 Burundian refugees in three camps (Nyarugusu, Nduta and Mtendeli) in the Kigoma region (north-east). Most Burundians fled their country after the 2015 presidential elections resulted in strong political tensions and violence. Tanzania stopped granting *prima facie* refugee status to Burundians in 2017. It also stopped registering new asylum seekers and withdrew from the Comprehensive Refugee Response Framework (CRRF) in 2018. The country applies a strict encampment policy for refugees and makes life in the camps more difficult (by closing local markets, restricting movement, etc.). All these measures contribute to a perceived “pushed” return of Burundian refugees to their country while conditions are not conducive for mass return, despite the positive narrative of the Burundian authorities. Since a tripartite agreement on voluntary repatriation between Tanzania, Burundi and UNHCR entered into force in September 2017, over 88 000 refugees have been repatriated to Burundi by mid-2020. Monitoring of these returns is ongoing and considered essential to ensure protection and sustainability.

The **Republic of Congo** hosts around 42 000 refugees coming essentially from the DRC and the Central African Republic. Authorities provided farmland and lots for fishing for part of the refugees. However, tensions between refugees and host communities are reported especially in areas that host larger number of refugees, as both communities struggle to meet their basic needs.

Past experience shows 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. While displaced, these populations also need support to cover basic humanitarian needs. Access to basic services such as food, health, water, sanitation and hygiene (WASH) and education are the most needed. Protection needs are extremely high for all displaced populations.

### 2.1.2 Returnees

The repatriation process mainly (but not only) from Tanzania into **Burundi** is likely to gain pace in 2021, increasing the needs in return areas. Durable solutions for both returnees and host communities should be a priority for development actors. Returnees are exposed to multiple protection risks and the monitoring of these returns, at regional level, should be considered essential to ensure protection and sustainability. Secondary displacements of returnees as well as pendulum returns (back into Tanzania) have been observed, indicating challenges to find durable solutions. Only 49% of returning children attend school in Burundi, mainly due to lack of birth certificates.

### 2.1.3 Internally Displaced Persons (IDPs)

In the **DRC**, 1.8 million have been newly displaced since 2018 because of continuing and escalating conflict especially in the provinces of Ituri, North and South Kivu, and Tanganyika. In total, there are an estimated 5.5 million IDPs<sup>14</sup> in the country, some being

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<sup>14</sup> Source: Updated 2020 Humanitarian Response Plan for the DRC, June 2020.  
ECHO/COD/BUD/2021/91000

displaced for years with limited perspectives in the absence of serious investments in durable solutions. Newly displaced populations are in need of immediate and comprehensive multi-sector assistance, including protection. They are often located in remote areas, difficult to access and not always accepted by the local/host community. In **Burundi**, over 130 000 people are internally displaced, according to the International Organisation for Migration (IOM), mainly due to natural disasters.

#### *2.1.4 Populations affected by food insecurity and under-nutrition*

Food insecurity and undernutrition are widespread and chronic in the region with multiple root causes. They are particularly alarming in the DRC and Burundi. The socio-economic impact of the COVID-19 pandemic has further aggravated food insecurity in all countries covered by this HIP, including in urban centres (such as Kinshasa or Brazzaville) and areas that depend on export and international trade.

In the **Republic of Congo**'s capital Brazzaville, more than one third of the population, around 700 000 people, were estimated to be food insecure in mid-2020 as a consequence of the socio-economic impact of the COVID-19 pandemic, according to the World Food Programme (WFP). Households of street vendors, daily workers and those dependent on the informal economy have been particularly affected.

In the **DRC**, the last Integrated Food Security Phase Classification (IPC) data showed an estimated 21.8 million people to be severely food insecure<sup>15</sup>, a significant increase since 2019. Food insecurity is mainly a result of forced displacement due to the activity of armed groups, poor infrastructure, and poor governance that limits agricultural and economic activities in rural areas, as well as weather conditions and pests. The lack of appropriate health care as well as water, sanitation, hygiene and nutritional assistance have dramatic consequences for an estimated 3.6 million children under five years of age suffering from severe acute malnutrition. In the long term, the situation is expected to get worse, as an indirect consequence of restrictions linked to COVID-19 (in addition to trade limitations imposed in some countries, the depreciation of Congolese franc and restrictions of movement have led to the increase of prices of some food staple items. This also affects the national food production).

In **Burundi**, weak economic opportunities and purchasing power along with the loss of productive assets hamper people's access to food. In May 2020 and coinciding with the lean season, over 1.44 million people were severely food insecure, with 42 000 people at emergency level (IPC phase 4) and approx. 1.4 million at crisis level (IPC phase 3). The UN reported 87.000 malnourished children below five years of age and another 45 000 acutely severely malnourished (admitted for treatment). Heavy rains followed by floods, hail, landslides and the consequences of COVID-19 mitigation measures were the main factors aggravating the acute food insecurity of very poor households, which are most vulnerable to shocks.

#### *2.1.5 Populations affected by epidemics*

The Great Lakes' region, especially the DRC, is prone to large-scale epidemics, including several viral hemorrhagic fevers.

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<sup>15</sup> IPC analysis (July 2020-June 2021), published in September 2020.  
ECHO/COD/BUD/2021/91000

In the **DRC**, weaknesses in the health system, failures in implementing preventive campaigns and vaccination strategies, exacerbated by direct and indirect effects of conflict, make large-scale outbreaks of diseases like measles, malaria, cholera, yellow fever and Ebola a recurring phenomenon across the country. While 5.6 million people had originally been classified as being in need of humanitarian assistance in the health sector, this figure increased to 25.6 million in mid-2020 after the COVID-19 pandemic and required an update of DRC's Humanitarian Response Plan. The latest (11<sup>th</sup>) Ebola outbreak occurs in Equateur province and risks a possible spill-over to Kinshasa as well as neighbouring Republic of Congo, with potentially devastating consequences. It is the third Ebola outbreak in the DRC since 2018 with the 10<sup>th</sup> outbreak the first one occurring in a conflict zone (and the largest ever recorded in the DRC).

**Burundi** reported cases of cholera and measles in 2020 and continues to struggle with a very high prevalence of malaria (<1.2 million cases reported in the first quarter of 2020).

## 2.2 Description of the most acute humanitarian needs

### 2.2.1 Protection

The security and protection context in eastern **DRC** increasingly exposes civilian population to human rights violations and protection risks, especially in Ituri, North and South Kivu. Ratification of the 2009 Kampala Convention for the protection and assistance of IDPs is still pending in the DRC. The United Nations Joint Human Rights Office reported in August 2020 that members of the police and the national army were responsible for 43% of documented human rights violations between January and June 2020 (with 4.113 violations registered, a 35% increase in comparison to 2019). Gender based violence, child recruitment, extortion, physical violence, murder, abduction, torture, and looting are reported daily in a context of years of impunity. In some provinces, a withdrawal of MONUSCO risks to increase insecurity as the DRC's armed forces may not be best placed to protect civilians. The Humanitarian Response Plan (HRP) 2020 estimated that 5.4 million persons are victims of human rights violations and are in need of protection.

In **Burundi**, violence and violations of human rights occur. The return of Burundian refugees could further increase hardship in return regions and thus expose them to protection concerns. The shrinking asylum space in Tanzania is of significant concern.

### 2.2.2 Food assistance, food security & livelihoods

In the **DRC**, the latest available IPC analysis indicates that around 21.8 million people are severely food insecure, a significant increase since 2019 that cannot be totally attributed to the impact of COVID-19. Data shows that territories in an emergency food situation overlap with areas experiencing or having experienced high levels of violence, and where agricultural activities and local markets have been disrupted.

In **Burundi**, food security remains critical, particularly for poor farmers affected by reduced off-farm income opportunities. Despite efforts of development donors and aid organisations to reorient their approaches, food insecurity is expected to increase in particular for Congolese refugees living in settlements as well as returnees and internally displaced Burundians. All **refugees** in the Great Lakes' region occasionally experience food ration cuts due to funding challenges for the refugee response.



### 2.2.3 *Health & Nutrition*

The burden of infectious diseases is very high in the **DRC**. Epidemics, in particular measles, cholera, malaria, yellow fever and Ebola virus disease, occur frequently with an extended geographical scope and, mostly, require the mobilisation of emergency, humanitarian and specialised actors to support national authorities for adequate containment and response (beyond the health sector). The latest Ebola outbreaks and, to a lesser extent COVID-19, have further emphasized some of the serious shortcomings of the health system in the DRC and the further need for long-term investments, better regulation and coordination between development and humanitarian projects/strategies to be aligned to the national Universal Health Coverage strategy and the Global Health Security agenda. The resilience of the health system is further compounded by direct and indirect effects of conflict (exodus of human resources, looting of facilities, direct attacks against health workers, etc.). As such, humanitarian settings suffer from excess morbidity and mortality including mental health, maternal, new born and child health, SGBV and the consequences of armed conflict (war surgery).

While the risk for high impact disease outbreaks is somewhat lower for those affected by the **Burundi** crisis, both in Burundi and in refugee camps in neighbouring countries, large-scale outbreaks occurred in the past. A long-term investment in the health system is needed with built-in surge capacities and improved infection control measures as well as improved mental health and psychosocial services.

An estimated 3.6 million children suffer from severe acute malnutrition in the **DRC**. Depending on factors such as extreme poverty, lack of access to basic services (e.g. safe drinking water and sanitation), 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 local capacity to respond to such levels of acute malnutrition is extremely poor and long-term investment needed.

### 2.2.4 *Water, sanitation and hygiene (WASH)*

Most of the **DRC** faces structural problems of water quality rather than quantity. Access to water supplies, basic sanitation and basic means to adopt adequate personal hygiene practices are largely insufficient. This situation becomes a risk when combined with a context of population displacement or epidemics.

WASH needs remain high for refugees in **Tanzania** and gained in importance with the COVID-19 pandemic. However, infrastructure maintenance (and refresher training) remain at lower level due to the return of a number of refugees to their country of origin.

### 2.2.5 *Shelter and non-food-items (NFI)*

In the region, people displaced for years coexist with others newly displaced, some of them victims of multiple displacements. The first category needs durable solutions, while the second one needs emergency assistance.

### 2.2.6 *Education in Emergencies (EiE)*

In the region, displacement (including returns) and conflict significantly affect children's rights, including their access to education. The absence of civil documentation may

prevent displaced children from access to the education system. Gender-based discrimination also significantly hamper girls' access to education, especially the transition to secondary level. Due to schools' closure during the COVID-19 pandemic, there is a strong likelihood that the number of schools drop-outs will rise in the region, particularly affecting adolescent girls.

### 2.2.7 Disaster preparedness and resilience

All countries in the Great Lakes region are prone to man-made and natural disasters. Coping capacities of communities and authorities are rapidly overwhelmed and as such they are unprepared and unable to provide an adequate and timely response. Continuous conflict and climate change further exacerbate risks. For instance, it is expected that the Congo River basin, the world's second largest rainforest and occupying large parts of the **DRC** and the **Republic of Congo**, will be significantly affected by climate change. However, investment in disaster preparedness and emergency response is generally weak due to conflicting priorities.

In **Burundi**, over 130.000 people are internally displaced mainly because of recurrent floods, landslides and other natural disasters, but also because of the overall political and socio-economic situation. Climate change is expected to increase the recurrence of natural disasters. It requires to build in-country capacity to respond to low- and medium-scale disasters, strengthening local actors' disaster preparedness and response mechanisms, developing and operationalising community-based contingency planning and strengthening community capacity for early warning and action.

## 3 HUMANITARIAN RESPONSE AND COORDINATION

### 3.1 National / local response and involvement

Despite very limited resources, all countries in the region host refugees fleeing from internal violence, granting them the appropriate status, but sometimes with reservations on the conventions (freedom of movement, right to employment, etc.). The **DRC** grants *prima facie* to refugees from Burundi, Central African Republic (CAR) and South Sudan. The government of **Rwanda**, who signed up to the CRRF in 2018, grants *prima facie* refugee status to refugees from Burundi and the DRC. Rwanda has been particularly active in ensuring registration, providing security and even 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 pushing for repatriation. The voluntariness of the processes – in line with legal obligations and the tripartite agreement – requires close scrutiny as well as the sustainability of these returns. In the **Republic of Congo**, the registration of refugees and asylum-seekers – essentially from the DRC and CAR – is done in close collaboration with the government through the National Commission for Assistance to Refugees. Authorities also provided farmland and lots for fishing for part of the refugees. **Burundi** has a solid asylum system through the 2008 Law on Asylum and Refugee Protection and relevant implementing tools. It has a national office for the protection of refugees and stateless persons that also regulates the asylum procedure. The refugee status determination for asylum seekers coming from the DRC is an accelerated process, based on the 1969 refugee convention of the African Union.

National and local authorities in the **DRC** lack the capacity and/or willingness to address root causes of the humanitarian crises. High level of insecurity and fighting in several parts of the country, including the Kivus, Tanganyika and Ituri are still on-going. At the same time, interventions by the national armed forces are sometimes perceived by local populations as "part of the problem" rather than part of the solution. Impunity is still the norm and limited efforts have been made for prosecuting perpetrators.

Efforts to address the root causes of food and nutritional crises and the regular occurrence of epidemics are still limited. Government expenditure on social services and physical infrastructures remains very low compared to the huge scale of needs and the size of the country. Setting up a national plan of universal health coverage and free primary education are part of the government's priorities in the DRC.

There is no disaster risk reduction (DRR) policy framework or a functioning disaster management body in the **DRC**, only a poorly functioning civil protection mechanism. Disaster preparedness activities are not prioritised, resulting in missed opportunities to prepare and strengthen local capacity and resilience, undermining the ability to anticipate, prepare for and respond effectively to recurrent man-made or natural disasters.

While the **Republic of Congo** is prone to natural disasters, it lacks basic infrastructure, social services and a working system to manage natural or man-made disasters, rendering its population extremely vulnerable to any disaster. A national strategy and action plan for the prevention and reduction of risks was developed in 2017. It aims to set-up a decentralised disaster risk management system and should now be implemented.

In **Burundi**, disaster preparedness needs to strengthen a risk-informed approach and adequate multi-hazard early warning/early response mechanisms to enhance the capacity to prepare for, anticipate and respond to any crisis.

### 3.2 International Humanitarian Response

Coordination and advocacy are key to address the protracted complex emergencies affecting the Great Lakes' region and protect humanitarian space from undue interference by authorities and parties to the conflicts. Moreover, due to the regional nature of the displacement crises in the Great lakes, the need to further strengthen cross-country/regional coordination and political analysis is evident.

The **DRC** 2020 HRP addressed initially the needs of 15.6 million conflict affected people and required USD 1.82 billion. With COVID-19, financial requirements went up to USD 2.07 billion, while 25.6 million Congolese were identified as being in humanitarian need. Only a quarter (25.6%) of the HRP requirements were covered in early October 2020, while overall humanitarian funding stood at USD 718.4 million<sup>16</sup>. For Equateur province, an action plan for a joint response to the 11<sup>th</sup> outbreak of Ebola virus disease and COVID-19 required an addition USD 40.2 million for the response period till end September 2020. An updated response plan covering the period till the end of the year was in preparation in early October 2020.

The humanitarian coordination system includes a Humanitarian Country Team (HCT) of which the Commission/DG ECHO is a member, and inter-cluster coordination consisting of eight clusters. Donors' coordination includes the Commission, EU Members States

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<sup>16</sup> Financial Tracking System (FTS) by the United Nations' Office for the Coordination of Humanitarian Affairs (UN OCHA), state-of-play 8 October 2020. The HRP funding requirements do not include appeals by the International Committee of the Red Cross and Médecins Sans Frontières.

and other donors such as Norway, Switzerland, Canada and the USA. The NGO Forum covers over 100 international aid organisations.

The UN works as an integrated mission in the DRC. MONUSCO engages in direct military interventions against non-state armed actors in close collaboration with the FARDC (while members of the latter are also identified as human rights' violators<sup>17</sup>). The complex nature of the conflict in the DRC and MONUSCO's mandate require a clear distinction between independent humanitarian aid and the instruments for political stabilisation as well as a solid civil-military coordination and clear respect of civil-military guidelines. Concerted efforts of humanitarian actors to advocate on principled actions are vital, in order to ensure access to conflict-affected populations, and to build a positive understanding of humanitarian actions and principles. Systematic and timely needs and risk assessments, data collection, analysis, presentation and dissemination, are necessary for an 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 engaging with development actors to cover gaps and look at more sustainable investments.

The DRC Regional Refugee Response Plan 2020-2021 aims to provide immediate humanitarian assistance for Congolese refugees in Angola, Burundi, the Republic of Congo, Rwanda, Tanzania, Uganda and Zambia. 4.7% (USD 30.1 million) of its USD 638.7 million funding requirement for 2020 was met in mid- October 2020<sup>18</sup>. The DRC is also included in the regional refugee response plans for refugees from CAR and South Sudan, as it hosts refugees from these two countries.

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 2020 Burundi HRP required initially USD 114 million, targeting 630,000 most vulnerable people out of 1.74 million identified with humanitarian needs. With COVID-19, financial requirements went up to USD 198 million to address the needs of 857,000 people. Coverage was around one third of the requirements (31.3%) with USD 73.6 million received in early October 2020.<sup>19</sup>

The 2020 **Burundi Regional Refugee Response Plan** requires USD 289.8 million with 35.6% covered in August 2020 and encompasses the needs of Burundian refugees in Rwanda, Tanzania, Uganda and the DRC. UNHCR assistance to Burundian refugees should be regional, allowing for better coordination and cross-border information sharing and management of the flows of people of concern, be it refugees or returnees.

There is no HRP neither in the **Republic of Congo** nor in **Rwanda** and **Tanzania**.

### 3.3 Operational constraints

#### 3.3.1 Access / humanitarian space

Restricted access, due to insecurity and/or administrative requirements by authorities, as well as context-specific difficulties, such as remoteness and logistical concerns, are major constraints in the region, especially in the **DRC**, **Burundi** and **Tanzania**.

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<sup>17</sup> See reporting by the UN Joint Human Rights Office of MONUSCO and the UN High Commissioner for Human Rights.

<sup>18</sup> OCHA FTS, 13 October 2020.

<sup>19</sup> OCHA FTS, 6 October 2020.

Safety and security is a key constraint for the humanitarian response in the Great Lakes' region, especially in the DRC, as threats and attacks against humanitarian staff, infrastructure and supplies are recurrent. Political instability and the continued reduction of MONUSCO presence increase safety, security and protection risks. Such situations call for enhanced and coordinated safety and security awareness, as well as strictly neutral, impartial, and independent action. Another worrying trend is the level of pressure and obstruction from various parties that constrain the independence, impartiality and operating space for aid organisations ("blurring of lines"). Military operations, repeated attacks on local populations but also humanitarian workers, and the shifting of fighting to more 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 is extremely worrying and volatile in many regions, and aid organisations need to be cautious in order to gain safe access to beneficiaries.

Preserving humanitarian space depends on the acceptance by communities, weapon bearers and national/local authorities, and on the delivery of humanitarian assistance based on independently assessed and verified needs. In that respect, coordinated advocacy efforts for the respect of humanitarian space, principles and international humanitarian Law as well dialogue with all parties needs to be pursued and International Humanitarian Law dissemination ensured. The risk of humanitarian aid being instrumentalised remains high, leading to a potential misperception about the independence and neutrality of humanitarian action. It puts humanitarian workers' safety at risk while reducing access to the most vulnerable.

In addition, humanitarian organisations working in the region regularly face administrative hurdles to do their job, such as obstacles to import equipment, obtain visas or work permits and/or recruit international 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 hurdles hamper the capacity to deliver aid in a timely, effective and accountable manner. Moreover, movement restrictions due to the COVID-19 pandemic have further restricted humanitarian access.

Populations in need of humanitarian assistance are dispersed across the region, often in areas that are hard to access due to geographical remoteness, lack of infrastructure and volatile security situations. Especially operating in the vast **DRC** is tremendously complicated in logistical terms. 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. Logistics are a crucial element to implement aid projects, as well as an important cost factor, requiring adequate attention, capacity and a proper strategy. In this context, **ECHO Flight** provides essential humanitarian air services.

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 basic services for the population.

### *3.3.2 Partners (presence, capacity)*

DG ECHO has an extensive partner network in most of the countries of the Great Lakes' region, in particular in the DRC. It is paramount for DG ECHO partners to ensure high quality of programmes, with 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. In addition, partners must have structures and systems in place that reflect their ethical standards and tackle any potential abuse of power and misconduct, including sexual abuse. DG ECHO applies a zero tolerance policy to sexual abuse and exploitation and requires its partners to do the same.

#### **4 HUMANITARIAN – DEVELOPMENT – PEACE NEXUS**

In line with the humanitarian-development-peace nexus commitments, DG ECHO actively seeks durable solutions and more predictable service delivery in coordination with development partners and sees particular opportunities in the following three sectors: (1) forced displacement settings for both IDPs and refugees in the Great Lakes' region, (2) response to communicable disease outbreaks, nutrition crises and its integration into longer-term basic systems, notably related health and other sectors, (3) disaster preparedness and disaster risk reduction.

Coordination, complementarity and continuity of action with development counterparts, concerned authorities, the European External Action Service (EEAS), and/or other Commission services, EU Member States and other donors is paramount to building a shared vision of a 'people-centred' approach, focusing on consistent investment in social services and building the resilience of the most vulnerable in line with the Sustainable Development Goals and the Agenda 2030.

An essential step in the nexus process is joint crises' analyses. They allow the identification of risks and vulnerabilities and of entry points/areas for joint collaboration and complementary action. Participating in post-crisis needs assessments can also help the systematic integration of preparedness, risk and vulnerability concerns into development processes. In this respect, DG ECHO strives to work collectively with other actors, especially in the DRC and in the context of the Burundi (refugee) crisis, to ensure a common understanding of the different crises and potential future scenarios. In particular, DG ECHO has involved its counterparts in the other EU services in the elaboration of this HIP, its priorities and the identification of nexus opportunities. Likewise, EU Delegations in the region included DG ECHO in their identification of priorities under the upcoming EU multi-annual financial framework 2021-2027 and in accordance with EU priorities. As of 2021, the Neighbourhood, Development and International Cooperation instrument (NDICI) will become the EU instrument to provide external development assistance through multi-annual indicative programmes.

Finally, the multi-sectorial and multi-actors response to COVID-19, in particular for the DRC, also constitutes a good basis for enhancing complementary approaches and capacity to act together as Team Europe to face a global crisis.

##### **4.1 Nexus opportunities in the DRC**

- **Health:** The high prevalence of epidemics regularly requires internationally-supported emergency interventions. DG ECHO seeks to develop a more structured approach and a common strategy that integrates the preparedness for an emergency response to epidemics into the health sector supported by development actors. This approach builds on the collaboration developed for the response to the 10<sup>th</sup> Ebola outbreak (2018-20) with DG DEVCO but also the World Bank with its considerable investment in the sector, while ensuring adequate contingency planning for conflict-affected areas where populations

struggle to access to health services. This approach/strategy also needs to aim at reinforcing decentralised capacities – local health centres – on disease outbreak preparedness, response and management, in coordination and/or complementarity with development partners. Within the resources available, DG ECHO will provide technical expertise to support national emergency responses and health programmes (in particular those implemented by DG DEVCO), and aims to, whenever relevant, further coordinate activities with other EU services (such as the European Centre for Disease Prevention and Control and/or Research & Innovation programmes).

- **Food and nutrition:** To explore more systematically a more effective approach by focusing on resilience, while also seeking to better link nutrition programmes with the health sector. DG DEVCO has engaged in small social safety net projects, essentially linked to support to the DRC's national parks, some integrated in areas of conflict. Further complementarity could be sought, potentially with DG ECHO focusing on protection aspects. Depending on the level of available funding, livelihood support could also be further explored in order to tackle food and nutrition insecurity in other specific contexts.
- **Durable and sustainable solution for displaced persons:** Over half of internal displacement in the DRC is protracted. IDPs are in need of durable solutions (return, relocation and local integration). A clear strategy and long-term investment is required from development actors. Pilot projects for supporting durable solutions will be considered within a nexus approach in areas with a DG ECHO focus, and when durable solution proven to be voluntary, safe and secure, dignified, informed and sustainable, in full respect of humanitarian principles and international guiding principles.
- **Education:** Given the World Bank's announcement in mid-2020 of USD 800 million to improve access to primary education in ten provinces and strengthen "core education systems", DG ECHO will continue to focus on EiE in displacement settings and ensure coordination with the World Bank's approach.
- **Disaster preparedness and disaster risk reduction:** DG ECHO funding and its knowledge, capacities and experience should help identifying opportunities to prepare and strengthen local capacity and resilience to develop the ability to anticipate, prepare for and respond effectively to recurrent disasters. Concretely, DG ECHO plans to continue the nexus process initiated in the health sector between health structures it supports in South Kivu's Uvira health zone – with local populations affected by conflict and natural disaster – and a long-term health support programme funded by a development actor.

## 4.2 Nexus opportunities in Burundi

With the EU suspension of direct financial support to the Burundian administration, including budget support (2016 decision based on Article 96 of the Cotonou Agreement), all development programmes have been reoriented to directly benefit vulnerable populations to increase their resilience, and to work on durable solutions for refugee returnees to Burundi. Complementary action and funding by DGs DEVCO and ECHO through a nexus pilot project address humanitarian and protection needs of children either internally displaced, returning to Burundi, or from vulnerable (host) households.

- **Health, nutrition, food security:** In the framework of projects in these sectors, humanitarian needs are analysed; a close collaboration between the EU Delegation, DG DEVCO and DG ECHO occurs on a regular basis. In order to ensure sustainable reintegration of returnees, DG ECHO funding will be in line with national, provincial and local development plans (supported by DG DEVCO).
- **Disaster preparedness and disaster risk reduction:** DG ECHO funding, its knowledge, capacities and experience should be “building blocks” within longer term strategies and programmes in Burundi. In this sense, linkages with existing strategies and mechanisms for disaster risk reduction and other relevant activities are a requirement, aiming at a progressive hand-over to national and local authorities, development donors, and – above all – to local communities.

#### 4.3 Nexus opportunities in Rwanda (within the Burundi crisis context)<sup>20</sup>

Burundian refugees in Rwanda benefit from the CRRF and its focus on a more sustainable refugee response.

- **Livelihood and protection:** Increased humanitarian advocacy towards development donors will aim at a stronger engagement of the latter in the overall effort for a sustainable refugee response and improved livelihood options.

#### 4.4 Nexus opportunities in the Republic of Congo

- **Disaster preparedness and disaster risk reduction:** The Congo Basin River, the world’s second largest rainforest, is expected to be significantly affected by climate change, with raising temperatures and extreme weather events, notably dry spells and floods<sup>21</sup>, rendering the population of the Republic of Congo extremely vulnerable to natural disasters. DG ECHO aims at supporting the implementation of the National Strategy for the Prevention and Reduction of Catastrophes’ Risks at local level, by strengthening and linking early warning to early community action (by improving capacity to emergency response), with a main focus on climate events – and with a view to progressively hand-over to national and local authorities, development donors, and above all to local communities.

### 5 ENVISAGED DG ECHO RESPONSE AND EXPECTED RESULTS OF HUMANITARIAN AID INTERVENTIONS

#### General considerations for all interventions

The humanitarian response shall be compliant with EU thematic policies and guidelines that are described in detail in the HIP Policy Annex. For instance, mainstreaming of protection, gender (including mitigation of risks of SGBV), age, and disability inclusion should be duly reflected in all proposals.

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<sup>20</sup> In **Tanzania**, nexus opportunities with regard to the Burundian refugees are extremely limited. The government withdrew from the CRRF in 2018.

<sup>21</sup> Reference to climate change patterns in the Congo Basin river were mainly collected from the “Central Africa Regional Program for Environment”, funded by USAID. INFORM sets the risk of physical exposure to flood at 8.6 (out of 10).



Furthermore, the increasingly negative consequences of environmental degradation and climate-related challenges and the COVID-19 pandemic will continue to impact humanitarian crises and the provision of humanitarian assistance for the foreseeable future. For these reasons, in their proposals, partners are requested to follow an all-risks' assessment approach, to contemplate measures to reduce the environmental footprint of operations, and to factor in as appropriate the COVID-19 dimension.

### 5.1 Envisaged DG ECHO response

The region is affected by extreme poverty and acute humanitarian crises. Given the limited funding availability compared to identified humanitarian needs, a continued focus on life-saving assistance to the most vulnerable – those affected by recent conflicts, and/or epidemics and/or new displacements – covering basic services through a multi-sectorial response is needed. The nature of the crises in the region requires a specific focus on protection, which needs to be considered in all activities. DG ECHO will pay particular attention to the impact of interventions on local populations and their wellbeing, and how they complement/support other ongoing activities implemented by the same partner or others, including development actors. Recent Ebola outbreaks highlighted the need to work better with local communities and to make the emergency/humanitarian system more resilient and less vulnerable.

DG ECHO supports the coordination of the humanitarian response to the respective crisis situations in the Great Lakes to maximise the impact and timeliness of the action. This includes civil-military coordination and humanitarian advocacy in line with humanitarian principles. DG ECHO also supports organisations engaging in a contextualisation of international humanitarian law, international human rights law and humanitarian standards to improve the situation of people affected by armed conflict. Given the volatile security context especially in the DRC and in order to assist humanitarian organisations in doing their work, DG ECHO supports the provision of essential security coordination and information services that help to understand the operating environment and reduce the risks confronting humanitarian staff and operations.

Specific attention is given to Education in Emergencies (EiE) for the most vulnerable children either displaced and/or conflict-affected. The aim is to increase their access to primary education (formal and non-formal). Integrated EiE and child protection programming are strongly encouraged.

In the **DRC**, DG ECHO will have a specific focus on the eastern part of the country, in particular in conflict-affected provinces such as Ituri, North and South Kivu and Tanganyika. DG ECHO will systematically address emergency preparedness and early response through a) flexibility tools embedded in other actions – including the use of “crisis modifiers” that partners are encouraged to develop where relevant – and b) emergency/rapid response mechanisms (ERM/RRM) as standalone actions when no other solution is possible or in support of other actions (last resort principle) and c) disaster preparedness (DP) investments reinforcing local response capacities, and hence increasing resilience.

DG ECHO recognises the complexity of the context in the **DRC**. One approach cannot fit all, and several operational modalities should work together in order to maximise the impact of DG ECHO's humanitarian action. A proper understanding of the local context is a must and should be the entry point for all interventions. Humanitarian projects should be flexible enough for responding or facilitating the response to a new crisis in the areas of implementation.

A multi-sector response should be the norm and may involve several partners and/or mechanisms. A detailed multi-risk needs assessment should explain the response (sectors and modality of interventions).

The Great Lakes' region is prone to communicable diseases. In the **DRC**, DG ECHO will support the emergency response to high impact communicable disease outbreaks. In addition, a better linkage between the health sector and nutrition programmes will be encouraged. The Ebola and COVID-19 outbreaks highlight the need for a multi-sectorial approach (beyond a pure health response) at the beginning of an outbreak, and even before, at preparedness stage.

The recent Ebola outbreaks equally highlighted the need to work better with local communities and to make the emergency/humanitarian system more resilient and less vulnerable. Humanitarian projects should also aim to build resilience of local communities and be well coordinated with relevant actions carried out in the development sphere. DG ECHO partners should strive to ensure this complementarity, including on funding (co-funding of activities should be the norm).

DG ECHO will also pay specific attention to lessons learnt from previous experiences, in particular on fraud and corruption prevention, prevention of misconduct and abuse, protection, access restriction and direct support to beneficiaries, support to frontline responders, cost efficiency, and contingency planning in particular given the COVID-19 context. Accountability to affected populations should be part if not the basis of every project. Detailed monitoring processes and a mechanism for complaint feedback are required.

In the context of the **Burundi refugee situation**, DG ECHO will continue its regional approach while encouraging longer term solutions, working with development actors for more protracted situations and where refugees are allowed to work towards self-reliance. Advocacy for the voluntary character of any refugee return will be pursued. In **Burundi**, DG ECHO will focus mainly on protection activities, including for returning refugees.

All countries in the Great Lakes' region are prone to man-made and natural disasters. Given their vulnerability, DG ECHO will support disaster preparedness actions in **Burundi**, the **Republic of Congo** and the **DRC**.

In **Burundi**, priority will be to support building in-country capacity to respond to low- and medium-scale disasters, strengthening local actors' disaster preparedness and response mechanisms, developing and operationalising community-based contingency planning and strengthening community capacity for early warning and action.

Disaster preparedness activities are not seen as a priority by the government in the **DRC** which lacks a comprehensive strategy for disaster management. At the same time, most disaster-affected areas are remote and often subject to significant insecurity, limiting humanitarian access. In this context, the presence and acceptance of local stakeholders on the ground is crucial for ensuring a certain level of preparedness and an efficient response as well as acceptance by armed groups. DG ECHO DP funds, as a first step, would help overcoming this access barrier by enhancing preparedness and response capacity of local stakeholders. Due to the size of the country, DG ECHO will focus on South Kivu and Maniema, two of the provinces hardest hit by both natural and man-made disasters and less covered by the presence of humanitarian actors. Capable local responders in these regions could therefore have a real impact.

In the **Republic of Congo**, DG ECHO intends to support the implementation of the National Strategy for the Prevention and Reduction of Catastrophes' Risks at local level,

by supporting the setting up of a coordinated, decentralised early warning system and reinforcing the capacity of the main actors to respond to new disasters, natural and man-made, as well as mainstreaming protection and climate resilience in all DP activities.

## **5.2 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 the **DRC**, is subject of a separate HIP.

The **Emergency Toolbox HIP** may be drawn upon for the prevention of outbreaks of communicable diseases and to respond to them. Under the Emergency Toolbox HIP, the Small-Scale Response, Acute Large Emergency Response Tool (ALERT) and Disaster Relief Emergency Fund (DREF) instruments may also provide funding options.