

HUMANITARIAN IMPLEMENTATION PLAN (HIP) GREAT LAKES¹

AMOUNT: EUR 67 415 568.96

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2022/01000 (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 CHANGES SINCE THE PREVIOUS VERSION OF THE HIP

Third modification as of 14 December 2022

A military offensive by non-state armed actor “Mouvement du 23 Mars”, or “M23”, has created a deteriorating humanitarian crisis in North Kivu province in the **Democratic Republic of the Congo (DRC)**. Attacks by the group have intensified since October 2022. M23 has taken control of parts of North Kivu, in particular in Rutshuru territory. Over 450 000 people have become internally displaced by now because of the fighting, according to the UN. The majority of the displaced stay with local host communities, putting an additional strain on already scarce resources and increasing food insecurity. An estimated 679 000 people are currently in need of humanitarian assistance in the territories of Rutshuru, Lubero and Nyiragongo in North Kivu because of the conflict. In addition, first cases of cholera have been reported in the IDP settlements at the outskirts of the city of Goma, with the epidemic rapidly expanding.

Humanitarian organisations have reached 130 000 persons in need so far, but struggle to continue and extend the emergency response due to the lack of funding. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) published a specific emergency response plan for the crisis in North Kivu on 30 November 2022. It requires USD 77.5 million to address the urgent needs of the 315 000 most vulnerable people affected by the crisis. Funding stood at USD 27.7 million on 6 December 2022, resulting in a funding gap of USD 49.8 million. At the same time, the (overall) Humanitarian Response Plan (HRP) for the DRC for 2022, which requires USD 1.88 billion, was funded by 45.7 percent on 6 December 2022.⁴ The Humanitarian Country

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

² Technical annex and thematic policies annex

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

⁴ Source: OCHA Financial Tracking System (FTS).

Team is therefore not able to shift money from other ongoing crisis' responses, already underfunded, towards the new crisis.

To scale up the humanitarian response in North Kivu, the European Commission has mobilised an additional amount of EUR 2 313 575.96. The purpose of this additional funding is to support the cholera response in the IDP settlements – including mitigating an expansion to other areas – as well as WASH activities (including emergency water trucking, emergency connection to the Goma water system, WASH kits, etc.) and child protection. Further specifications are provided in the technical annex to this HIP.

Second modification as of 5 August 2022

This modification is intended to transfer EUR 4 101 993 to be allocated to the IFRC pilot Programmatic Partnership action “Accelerating local action in humanitarian and health crises”.

First modification as of 27 July 2022

Spiralling violence and an overall stark deterioration of the security situation in the eastern parts of the **Democratic Republic of the Congo (DRC)**, especially in the provinces of Ituri and North Kivu, but also in South Kivu, have forced more than 700 000 Congolese to flee their homes since the beginning of 2022.

Further military escalations between regular forces and non-state armed actors, such as M23 and ADF, are expected with devastating consequences for civilians caught in the middle. Protection and humanitarian needs are extremely high and need to be addressed.

Congolese authorities and local communities are overwhelmed and not in a position to address the most basic humanitarian and protection needs. International aid organisations struggle to fund new operations or adapt existing ones, also given that the 2022 Humanitarian Response Plan (HRP) for the DRC is underfunded⁵.

At the same time, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) published a specific appeal worth USD 35.9 million solely for the M23-related crisis in North Kivu in June 2022. In addition, the Humanitarian Coordinator in the DRC requested additional support from the UN's Central Emergency Response Fund to address the additional humanitarian needs in Ituri, North and South Kivu provinces.

In order to support the scaling up of the humanitarian response in Ituri, North and South Kivu, the European Commission has mobilised an additional amount of EUR 8 000 000.

The purpose of this additional funding is to support a rapid response to the most acute humanitarian needs of conflict-affected people (shelter materials, non-food emergency items, multi-purpose cash assistance, etc.) and to support protection activities and health services for them in Eastern DRC. Further specifications are provided in the technical annex to this HIP.

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. They are compounded

⁵ 21.3 percent of the HRP's requirements were met end of July 2022, according to the OCHA Financial Tracking System (FTS).

by poor governance, structural poverty and/or insufficient development, triggering also humanitarian consequences. Crises in the region are both protracted and acute, affecting millions of people. The COVID-19 pandemic and very limited progress so far in measures to curb the virus transmission, including vaccination, have further exacerbated the dire humanitarian situation. The main drivers of humanitarian needs are expected to continue in 2022 across the region.

While this HIP covers five countries, it focuses in particular on the humanitarian needs (a) triggered by the crisis situations in the **Democratic Republic of the Congo (DRC)** and (b) of the **Burundian refugees** in Tanzania, Rwanda and the DRC⁶, as well as refugee returns back to Burundi.

The humanitarian situation in the **DRC** remains complex and has overall worsened in recent years, consisting of multiple and overlapping crises across the country, but essentially in its eastern provinces, which face rampant violence and armed conflict. The insecurity has triggered vast and repeated displacements. The impact of the violence on civilians is a major concern with regular violations of human rights and international humanitarian law, including targeted attacks against civilians and a high prevalence of gender-based violence. It underlines the importance of a gender-sensitive approach, reconciliation, justice and a functioning state from local to national level. The prevailing violence is also partly responsible for excess morbidity and mortality, as well as the dramatic food insecurity and under-nutrition, as it often prevents farmers from tilling their land, harvesting and accessing local markets. The impact of the decades-long conflict on people's mental health in affected areas is deemed significant.

Year 2021	DRC	Burundi	Tanzania ⁷	Rwanda ⁸	Republic of Congo
INFORM risk index⁹	7.6/10	5.9/10	5.3/10	4.5/10	5.4/10
Vulnerability index	7.4/10	6.4/10	5.6/10	5.9/10	6.6/10
Hazard and exposure	7.4/10	4.7/10	4.3/10	3/10	3.1/10
Lack of coping capacity	8.1/10	6.9/10	6.3/10	5.1/10	7.6/10
INFORM crisis severity index	4.5/5 “very high”	3.8/5 “high”	1.7/5 “low”	1.9/5 “low”	3.2/5 “high”
Projected conflict risk	10/10	8.6/10	2.9/10	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	9/10	6/10	2/5	1.1/5	2.4/10
Natural disaster index	4.5/10	3.6/10	5.1/10	3.5/10	3.9/10

⁶ Uganda also hosts a considerable number of Burundian refugees, but is covered by another geographical HIP (Upper Nile Basin).

⁷ This table provides information on the Tanzania's overall situation except for the refugees hosted who are the sole focus of DG ECHO action in the country.

⁸ This table provides information on the Rwanda's overall situation except for the refugees hosted who are the sole focus of DG ECHO action in the country.

⁹ INFORM is a global, open-source risk assessment for humanitarian crises and disasters. The information in the table is from the INFORM annual report 2021.

Epidemics risk	8.3/10	6.7/10	6.6/10	5.8/10	7/10
HDI ranking ¹⁰	175/189	185/189	163/189	160/189	149/189
Total population	89.5 million	11.9 million	59.7 million	12.9 million	5.5 million

The DRC hosts 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 groups¹¹ in close collaboration with the Congolese army, the ‘*Forces Armées de la République Démocratique du Congo*’ (FARDC). In such context, civil-military coordination remains of utmost importance.

Since the elections in **Burundi** in 2020, an increased number of refugees have returned home. Most of them had left their country of origin due to violence and repression in the context of the previous elections in 2015. By mid-2021, around 300 000 Burundian refugees were registered in the four main asylum countries – Tanzania, DRC, Rwanda and Uganda. At the same time, the United Nations High Commissioner for Refugees (UNHCR) reported the assisted repatriation of over 150 000 individuals. While the situation in Burundi seems to be more conducive for return, the absorption capacity to allow a sustainable reintegration of large numbers of returnees remains a critical issue together with human rights and protection concerns.

Against a backdrop of limited investment in social services and the impact of corruption and violence on livelihoods, crisis-affected people in the fragile states of the Great Lakes’ region¹² generally lack livelihood opportunities and often live in extreme poverty. Access to basic social services is inadequate, especially in the **DRC**, and to a lesser extent in the **Republic of Congo** and in **Burundi**. The entire region faces increasing socio-economic challenges that are further compounded by collateral damage from the COVID-19 pandemic. The region, particularly the DRC, is affected by recurrent disease outbreaks, the control of which remains challenging due to weak health systems and inefficiencies in health alert and response mechanisms. Challenges are further aggravated when an epidemic occurs in a region with a pre-existing humanitarian crisis.

The Congo River basin, the world’s second largest rainforest, is expected to be significantly affected by climate change, with raising temperatures and extreme weather events. Eastern **DRC** is also prone to tectonic activities and volcanic eruptions. At the same time, the **DRC** and the **Republic of Congo** lack efficient working systems and available resources to prevent and respond to natural disasters. Poor infrastructure and low access to basic services make the populations extremely vulnerable to any disaster. **Burundi** is highly exposed to a wide range of natural disasters, mainly floods, landslides and drought. Given its very high population density, the poorest communities often settle in areas prone to flooding and landslides, including those returning from exile. Climate

¹⁰ Human development index, developed by the UN Development Programme. Latest HDI from 2020.

¹¹ A multitude of local armed groups operate mainly in the eastern part of the DRC, as well as a number of localised 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).

¹² Out of 179 countries assessed in the Fragile State Index 2021 by the Fund for Peace, the **DRC** remained the 5th most fragile country in the world. **Burundi** was ranked the 16th, the **Republic of Congo** the 26th, **Rwanda** the 39th and **Tanzania** the 61st most fragile state globally.

change is expected to increase the frequency and impact of hydro-meteorological hazards (including their impact on food security and disease outbreaks) in the region.

The overall political and humanitarian situation in the Great Lakes is not expected to improve in 2022. The root causes of the violence in eastern **DRC** remain (and would also need to be addressed at international and regional political level). In addition, the ongoing progressive withdrawal of MONUSCO risks to further expose populations of concern to armed groups, while also negatively impacting on humanitarian access. The refugee situation in the region is likely to continue, as well as the increased return of **Burundian refugees**. In total, the Great Lakes' region hosted over one million refugees by mid-2021.

2. HUMANITARIAN NEEDS

2.1. People in need of humanitarian assistance

¹³	DRC	Burundi	Tanzania	Rwanda	Republic of Congo
Registered refugees/asylum seekers	536.000	80 000	253 000	127 000	41 000
IDPs	5.2 million	128 000			134 000
Severely food insecure people (IPC 3+4) ¹⁴	27.3 million	1.04 million			¹⁵
	DRC	Burundi	Tanzania	Rwanda	Republic of Congo
Acutely malnourished children under 5y	3.3 million	140 000			
Protection needs (SGBV ¹⁶ ; children out of school)	18 million	450 000			

(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 (CAR) have led to multiple waves of refugees in the Great Lakes' region. Most of them live in camps, except in the **DRC**, where many settled in local Congolese communities. Refugee camps in the Great Lakes are mainly managed by UNHCR. Most refugees depend fully on humanitarian aid provided by the international community, except in the **DRC**, **Rwanda** and in the **Republic of Congo** where limited – and largely informal – livelihood options exist. COVID-19, however, has further reduced some of these options.

¹³ Sources: Refugees: United Nations High Commissioner for Refugees (UNHCR). Other: Humanitarian Response Plans for Burundi and the DRC. RoC – IDPs: International Displacement Monitoring Centre (IDMC data dates December 2020). People in need in Burundi, Rwanda, RoC: UNICEF.

¹⁴ Integrated Food Security Phase Classification (IPC). Phase 3 represents 'crisis level' and 4 'emergency'.

¹⁵ "Vulnerability assessments show that between 36% and 79% of the population is moderately or severely food insecure", states the WFP Republic of Congo Country brief, May 2021. With a total population of 5.5 million, this would mean between 1.98 million and 4.345 million people.

¹⁶ Sexual and gender-based violence.

The low level of funding in response to refugees' needs in recent years and the absence or limited presence of long-term programmes have led to cuts in basic services and food rations in several camps and locations.

The **DRC** and **Rwanda** have developed refugee responses in line with the Global Compact on Refugees, granting freedom of movement to refugees, giving them access to national social services and supporting the goal of self-reliance.

The **DRC** hosts more than half a million refugees, mainly from Rwanda, Burundi, CAR and South Sudan. The quality of the refugee response is still insufficient and access to basic services, interlinked with protection needs, requires specific attention. However, unless a new wave of refugees occurs, long-term solutions should be a priority for addressing their needs and those of host communities. The DRC is also the country of origin of over 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 50 000 refugees from Burundi. The large majority of Burundians live in one camp (Mahama). While refugees have the right to work and freedom of movement, livelihood opportunities remain limited and have been further reduced with COVID-19. Access to core protection services exists, but risks of sexual and gender-based violence and child protection remain of concern. Around 25 000 Burundian refugees have returned to their country of origin since mid-2020. Rwanda remains committed to the protection of refugees on its territory and reiterated its readiness to facilitate the safe and dignified return of those who choose to repatriate in collaboration with UNHCR and relevant governments. Monitoring of these returns is essential to ensure protection and sustainability.

Burundi hosts around 80 000 refugees and asylum-seekers from the DRC. The majority of them live in four camps, often for many years.

In **Tanzania**, over 250 000 refugees were hosted mainly in camps in the Kigoma region by mid-2021, the majority from Burundi (over 170 000) as well as from the DRC (close to 80 000). The majority of Burundians arrived after the political turmoil in their country in 2015. Tanzania stopped granting *prima facie* refugee status to Burundians in 2017. It stopped registering new asylum seekers and withdrew from the Comprehensive Refugee Response Framework (CRRF) in 2018. The country applies a strict encampment policy and restrictive livelihood environment, while promoting the repatriation of Burundian refugees. A tripartite agreement on voluntary repatriation between Tanzania, Burundi and UNHCR entered into force in September 2017. Over 30 000 refugees have been repatriated to Burundi in 2020 alone and an additional 20 000 in the first half of 2021. This trend is expected to continue in 2022. Return monitoring is considered essential to ensure protection and sustainability. In line with a decreasing refugee population, authorities announced a camp consolidation.

Conflict in Cabo Delgado in northern Mozambique has created a humanitarian crisis and massive displacement. Tens of thousands of people fleeing to **Tanzania** were forcibly returned in May 2021. While UNHCR was not granted access to the border region in Tanzania, further incidents of *refoulement* were reported since then. Advocacy efforts against any forcible return of asylum seekers will need to continue.

The **Republic of Congo** hosts over 40 000 refugees essentially from CAR and the DRC and provides them to some extent with access to farming and fishing opportunities.

Past experience shows that refugee movements in the region are protracted while return movements are normally slow and relatively limited in numbers due to the lack of

improvement of root causes that triggered the exodus, or the willingness to remain in the host country. As outlined above, the exception is the increasing repatriation of Burundian refugees. Almost all refugees need support to cover their basic humanitarian needs. Access to basic services such as food, health, water, sanitation, hygiene and education is most important. Protection needs are extremely high for all displaced populations.

2.1.2. Returnees

Increasing numbers of Burundian refugees have repatriated to **Burundi** since mid-2020. Durable solutions for both returnees and host communities should be a priority for development actors. Returnees face many challenges, including limited livelihood options, and are exposed to multiple protection risks. An increase in secondary displacement of returnees has been observed in 2021. Fewer than half of the returning children attend school, mainly due to a lack of birth certificates and few schools in some return areas. Return monitoring at regional level is essential to ensure protection and sustainability.

2.1.3. Internally Displaced Persons (IDPs)

Over five million people are internally displaced (IDP) in the **DRC**¹⁷, including more than 1.5 million in the first half of 2021 alone. Some have been displaced for years, but still face limited perspectives in the absence of substantial investments in durable solutions. Newly displaced populations need immediate and comprehensive multi-sector assistance, including protection, but also, in certain regions, of longer-term investment in order to secure sustainable relocation/reintegration. IDPs are often located in remote areas, difficult to access and not always accepted by the local/host community. The main reason for internal displacement in the DRC is conflict, which affects particularly provinces in the east, such as Ituri, North and South Kivu, and Tanganyika.

In **Burundi**, around 128 000 people are internally displaced, mainly due to natural disasters.

2.1.4. Populations affected by food insecurity and under-nutrition

Food insecurity and undernutrition are widespread and chronic (with frequent episodes of acute spikes) in the region with multiple root causes. They are particularly alarming in the **DRC** and, to a lesser extent, in **Burundi**. The socio-economic impact of the COVID-19 pandemic and of climate change has further aggravated food insecurity in **all countries** covered by this HIP.

A staggering 27.3 million people in the **DRC** were highly food insecure, according to the data presented by the Integrated Food Security Phase Classification (IPC) on 30 March 2021. Agricultural productivity is low in the DRC. The country does not produce enough food to meet the needs of its population and relies heavily on imports. A nutritious diet is unaffordable for half the population, according to the World Food Programme. Structural poverty and under-development, poor infrastructure and poor governance that limit agricultural and economic activities in rural areas, livestock and agricultural pests, forced displacement due to conflict, weather conditions and climate change, as well as recurrent

¹⁷ 5.2 million Congolese have been displaced during the past two years. An IDP is removed from the displacement database after two years, in consideration of the difficulties to track all populations' movements in the DRC, including multiple (repetitive) displacements.

epidemics, contribute to the alarming food insecurity. In addition, the lack of appropriate and accessible/affordable health care, access to clean water, availability of sanitary infrastructure, knowledge and attitudes as well as insufficient nutritional support mechanisms have dramatic consequences: an estimated 3.3 million children under five years of age suffer from global acute malnutrition. COVID-19 and its economic impact on livelihoods has worsened the situation further, especially in urban areas.

In **Burundi**, a combination of recurrent climatic hazards and associated displacement and destruction of infrastructure, intense repatriation flows, COVID-19, and structural factors (including inadequate access to land), weak economic opportunities and an overall low resilience of the population are all factors explaining the food insecurity identified by the IPC (June 2021): Over one million people are projected to experience high levels of acute food insecurity (IPC phases 3/crisis level and 4/emergency) in the second half of 2021. At the same time, about 140 000 children under the age of five suffer from global acute malnutrition and need treatment. Poor access to safe drinking water and proper sanitation facilities contribute to increased levels of acute malnutrition, while high levels of infectious diseases are key drivers.

In the **Republic of Congo**, vulnerability assessments show that between 36 and 79 percent of a population of 5.5 million are moderately or severely food insecure. Recurrent catastrophic flooding in several regions and especially along the Congo River affect on average around 170 000 persons each year and has a high negative impact on food security and livelihoods in a country that covers only 30 percent of its food needs. COVID-19 had also dire consequences in urban areas. Almost all **refugees** in camps and settlements in the Great Lakes' region rely on humanitarian aid to meet their food needs and have at least occasionally experienced food ration cuts due to funding challenges for the refugee response.

2.2. Description of the most acute humanitarian needs

2.2.1. Protection

The humanitarian crisis in the **DRC** is intrinsically a protection crisis. The security and protection context in the east exposes civilian populations to human rights violations and protection risks. The President declared an *Etat de siège* for the provinces of Ituri and North Kivu in May 2021 with the aim to better address the insecurity. Ratification of the 2009 Kampala Convention for the protection and assistance of IDPs is not yet concluded in the DRC. IHL violations including gender-based violence, sexual exploitation and abuse, child recruitment, extortion, physical violence, murder, abduction, torture, attacks on health structures and looting are reported daily in a context of years of impunity. In the eastern provinces, a withdrawal of MONUSCO risks to increase insecurity as the DRC's armed forces and its national police are also perpetrators of such violations.¹⁸ The Humanitarian Response Plan (HRP) 2021 estimated that 18 million people have protection needs and 485 000 are at risk of gender-based violence.

In **Burundi**, concerns over human rights violations (and widespread impunity) persist, especially towards children and women. In addition, the considerable return of

¹⁸ A report by the United Nations Joint Human Rights Office in August 2020 stated that members of the police and the national army were responsible for 43% of documented human rights violations in the DRC in the first six months of 2020. Protection incidents committed by the FARDC have further increased since the inception of the *Etat de siege*.

Burundian refugee's risks further increasing hardship in return regions and thus exposure to protection and gender risks.

The shrinking asylum space for the Burundian refugees in the camps in **Tanzania** remains of significant concern.

2.2.2. Food assistance, food security & livelihoods

In the **DRC**, food insecurity has been rising in recent years with 27.3 million people severely food insecure in 2021. The intensifying food crisis is largely caused by an upsurge of violence, conflict and instability, especially in eastern DRC, large internal displacement, an overall economic decline, the COVID-19 pandemic, low agricultural productivity, limited access to basic services, recurrent disease outbreaks and poverty.

In **Burundi**, during the last lean season in April/May 2021, over one million people were acutely food insecure (IPC3+4) for various reasons, including flooding, economic decline, intense repatriation flows and the effect of the COVID-19 pandemic. Food insecurity remains a structural problem due to the same underlying factors. Almost all **refugees** in the Great Lakes' region rely on international humanitarian aid to meet their basic needs, including food. Some very limited livelihood options exist in Rwanda and, for some refugee groups, in Congo and the DRC. Food ration cuts have become common in the last years due to funding challenges for the refugee response.

2.2.3. Health

The Great Lakes' region, especially the **DRC**, is prone to outbreaks of infectious diseases such as vector-borne diseases (yellow fever, malaria, dengue, typhoid, plague, etc.), viral haemorrhagic fevers (Ebola, etc.), as well as measles, meningitis, polio, cholera, etc. The main reasons are prevailing natural conditions and climate, but also rapid urbanisation, limited access to safe water, sanitation and hygiene, exacerbated by ongoing humanitarian crises.

Most epidemics require the mobilisation of emergency, humanitarian and specialised actors to support national authorities for adequate containment and response – beyond the health sector. Disease outbreaks in recent years have highlighted some serious shortcomings of the health system in the DRC and the further need for long-term investments, better regulation, etc. In addition, the coverage of childhood vaccination, preventive as well as reactive, is too low and remains a main challenge in view of preventing future outbreaks.

While malaria, tuberculosis, lower respiratory tract infections and diarrheal diseases remain the top five causes of mortality, the burden of disease due to non-communicable diseases is increasing at a fast rate. This is also important when dealing with the consequences of COVID-19, which has a much higher mortality rate in people suffering from such illnesses. Otherwise, the health impact of the COVID-19 pandemic remains rather limited, according to official data, when compared with other regions, but the actual magnitude is largely unknown.

The resilience of the health system is further compounded by disruptive effects due to conflicts (exodus of human resources, looting of facilities, direct attacks against health workers, etc.). As such, humanitarian settings suffer from excess morbidity and mortality due to low access/availability of quality health services (including maternal, new-born and child health care) and increased incidence of mental health problems, SGBV and injuries. The impact of conflict on social determinants of health (food supply, housing,

economic and social relationships, transportation, education), contribute also importantly to this excess morbidity and mortality. Specific surveillance and response systems, integrated into the health system, need to be reinforced, particularly by development actors.

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 have occurred in the past. A long-term investment in health systems is needed with built-in surge capacities and improved infection control measures as well as improved mental health and psychosocial services. Regarding COVID-19, **Burundi** was one of the last countries in the world to acknowledge the pandemic and has accepted vaccination only since August 2021, but has not submitted any request for support so far.

2.2.4. Nutrition

In the **DRC**, malnutrition remains the most important risk factor leading to death and disability combined. Out of a population of roughly 15 million children under the age of five years, an estimated 42% are stunted and 7% - about one million children – are wasted, according to a Multiple Indicator Cluster Surveys report (INS 2017–2018). Nutritional caseloads are higher in impoverished provinces and acute humanitarian contexts (displacements). In 2021, the nutrition cluster targeted 2.6 million persons for support against acute malnutrition, including 1.6 million children under five years of age and half a million pregnant and lactating women. One fifth of the 516 health districts are in phase of alert, according to the national nutritional surveillance system.

In **Burundi**, the nutritional situation among children under the age of 5 years has deteriorated over the past years. The prevalence of global and severe acute malnutrition (MAM and SAM) went from 4.5% MAM and 0.5% SAM in 2018 to 6.1% MAM and 1.4% SAM in 2020.

2.2.5. Water, sanitation and hygiene (WASH)

In the **DRC**, there are 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. Such a situation creates even higher risks in context of population displacement or epidemics.

WASH needs remain for refugees in **Tanzania**, mainly for additional school and household latrines. However, infrastructure maintenance remains limited, also due to the high number of refugees who return to Burundi and camp consolidation plans.

2.2.6. Shelter and non-food-items (NFI)

In the region, and in particular in the **DRC**, 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.

2.2.7. Education in Emergencies (EiE)

Displacement, including returns, education costs (and conflict in the **DRC**) have significantly affected the rights of children in the Great Lakes, 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. COVID-19 further

disrupted education efforts in the region and has raised the need for harmonised and accredited accelerated education programmes in order to help out-of-school children to initially access non-formal education and then the formal education system.

2.2.8. *Disaster preparedness and resilience*

All countries in the Great Lakes region are prone to both natural and human-induced disasters. Coping capacities of communities and authorities are rapidly overwhelmed, and as such they are unprepared and unable to provide appropriate and timely response. Continuous conflict (in the DRC) and climate change further exacerbate risks. However, investment in disaster preparedness and emergency response is generally weak due to conflicting priorities, political instability and lack of long-term vision.

The **DRC** is home to multiple natural and man-made risks ranging from volcanic and tectonic activities to flooding, a high recurrence of disease outbreaks, and on-going internal conflicts resulting in back-and-forth, protracted and short-term displacement and humanitarian needs.

In **Burundi**, around 128 000 people are internally displaced mainly because of recurrent floods, landslides and other natural disasters, which are expected to increase with climate change. 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.

Floods in the **Republic of Congo** in 2019 and 2020 – the worst in decades – highlighted the authorities' lack of preparedness and capacity to respond. The damage and destruction caused by recurrent flooding leads to displacement, rising food insecurity, reduced water quality and an increase of water-borne diseases, thus exacerbating humanitarian needs that national authorities have not been able to manage.

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* status to refugees from Burundi, CAR and South Sudan. The government of **Rwanda**, which 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 pushes 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. The country seems not willing to grant asylum to Mozambicans fleeing the conflict in Cabo Delgado, citing security reasons. In the **Republic of Congo**, the registration of refugees and asylum-seekers – essentially from CAR and the DRC – is done in close collaboration with the government through the National Commission for Assistance to Refugees. **Burundi** has a solid asylum system through the 2008 Law on Asylum and Refugee Protection and relevant implementing

tools. A national office for the protection of refugees and stateless persons regulates the asylum procedure. The refugee status determination for asylum seekers 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 the east of the country has further intensified in recent years. 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, and at times poorly coordinated (outbreak response). Government expenditure on social services and physical infrastructures remains very low compared to the huge scale of needs and the size of the DRC. Setting up a national plan of universal health coverage and free primary education are part of the government's priorities in the DRC, but without secured funding so far.

The Government of the DRC has started working with UNDP to develop the country's first disaster risk reduction policy. The country has no functioning disaster management body, 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, and 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, but has not been fully implemented due to lack of technical expertise and financial resources

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. Reforms to deal with disease outbreaks were recently implemented (decentralisation).

3.2. International Humanitarian Response

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

The 2021 Humanitarian Response Plan (HRP) for the **DRC** targets the needs of the 9.6 million most vulnerable people and required USD 1.98 billion. Only 27% of the

requirements were met in August 2021, while overall humanitarian funding requirements stood at USD 758.4 million¹⁹.

The response is led by a Humanitarian Coordinator – who is also the Deputy Special Representative of the UN Secretary-General and UN Resident Coordinator – and her/his deputy. The humanitarian coordination system includes a Humanitarian Country Team (HCT) of which the European Commission (DG ECHO) is a member, and inter-cluster coordination consisting of eight clusters. Donors' coordination includes the Commission, EU Members States and other donors such as Canada, Norway, Switzerland, the UK 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' violators²⁰). 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, as well as of International Humanitarian Law. 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, thus enabling humanitarians to focus on emergency needs.

Over 940 000 Congolese refugees and asylum seekers remain hosted in neighbouring countries (Angola, Burundi, Republic of Congo, Rwanda, Tanzania, Uganda and Zambia). The DRC Regional Refugee Response Plan is the essential tool to rally financial support, coordinate humanitarian assistance and provide a strategic direction towards medium and long-term solutions, but it remains drastically underfunded.²¹ The DRC is also included in the regional refugee response plans for refugees from Burundi, CAR and South Sudan, as it hosts refugees from these countries.

In **Burundi**, the presence of the UN Office for the Coordination of Humanitarian Affairs (OCHA) has led to a better coordination of the humanitarian actors in situ. The 2021 Burundi HRP required USD 194.7 million, targeting one million most vulnerable people with humanitarian needs. Coverage of the HRP requirements remains low in mid-2021.²² In addition, and in light of the considerable number of refugee returns since mid-2020, a

¹⁹ Financial Tracking System (FTS) by the United Nations' Office for the Coordination of Humanitarian Affairs (UN OCHA). HRP funding requirements do not include appeals by the International Committee of the Red Cross and *Médecins Sans Frontières*. To note that funding varies widely among sectors.

²⁰ See reporting by the UN Joint Human Rights Office of MONUSCO and the UN High Commissioner for Human Rights.

²¹ OCHA FTS reported funding worth USD 4.9 million for the USD 534.3 million plan (0.9% of requirements) on 20 August 2021. However, UNHCR reports much higher funding on its side (USD 30.1 million for the DRC and USD 68.4 million at regional and sub-regional levels (figures from UNHCR's DRC update of June 2021).

²² Funding received was USD 49.7 million, including 18.2% of the HRP (OCHA FTS, 20 August 2021). However, it must be noted that OCHA FTS did not yet included all European Commission humanitarian funding.

Joint Refugee Return and Reintegration Plan (JRRRP) was developed for 2021, requiring USD 104 million, and trying to create synergies across the humanitarian-development-peace nexus.

The 2021 **Burundi Regional Refugee Response Plan** requires USD 190.7 million, but funding remains scarce by mid-year.²³ UNHCR's regional approach for the assistance to the Burundian refugees allows for better coordination and cross-border information sharing, as well as the management of the flows of people of concern, be they refugees or returnees.

There is no Humanitarian Response Plan 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 challenges, are major constraints in the region, especially in the **DRC, Republic of Congo, Burundi** and **Tanzania**.

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 civilians, humanitarian staff, infrastructure and supplies are recurrent. Political instability and the expected 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 actions. Another worrying trend is the level of pressure and obstruction from various parties that constrain the independence, impartiality and operating space for aid organisations. Military operations, repeated attacks or retaliation on local populations but also on humanitarian workers, and the shift of fighting to more remote areas increase the difficulties in maintaining an appropriate response capacity. Insecurity due to banditry has also increased. Civilians and aid workers are victims of attacks and kidnapping for ransom. The security situation remains extremely worrying and volatile in many regions, and aid organisations need to be cautious in order to gain safe access to and for the 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 (IHL) as well as dialogue with all parties needs to be pursued and IHL 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 and for the most vulnerable.

²³ OCHA FTS reported funding of just USD 4.5 million on 20 August 2021. However, it must be noted that less than 10% of the European Commission's humanitarian funding of more than EUR 10 million for the Burundi refugee response in 2021 was included in the tracking system.

In addition, humanitarian organisations working in the Great Lakes 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 formal and informal 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 COVID-19 have further limited humanitarian access, while the pandemic has also increased costs.

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/or volatile security situations. This is especially true for the DRC: operating in the vast country is tremendously complicated in logistical terms. There are very few paved roads or cleared waterways, aircraft and airport infrastructures are in appalling conditions, and flight companies not reliable. Logistics are crucial to implement aid projects, but also an important cost factor, requiring adequate attention, capacity and a proper strategy. In this context, ECHO Flight provides essential humanitarian air services in the DRC.

In **Burundi** and **Tanzania**, the humanitarian space has been reduced following tensions between authorities and parts of the international community. 2022 will show if recent political developments in both countries will improve the situation. In **Burundi**, aid agencies are not allowed to perform assessments or work on issues that the government perceives as political and which could indicate any failure of authorities to cover basic services for the population.

3.3.2. Partners (presence, capacity), including absorption capacity on the ground

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), as well as supporting the capacity-building of local humanitarian non-governmental partner organisations, when possible. Local actors also play an important part in disaster preparedness action. COVID-19 has constrained the deployment, presence and movement of humanitarian workers and goods within countries and across borders, forcing aid organisations to adapt their way of working. The pandemic also affects negatively the monitoring of aid projects by ECHO staff.

3.3.3. Other

The costs of operating in the **DRC** are very high, linked to access challenges, high insecurity, the vastness of the country and lack of adequate transport infrastructure.

In addition, humanitarian organisations operate in a context where corruption, fraud and sexual exploitation and abuse are widespread, and must therefore take adequate prevention and control measures, in relation with the anti-fraud minimum engagements validated by the Humanitarian Country Team in February 2021.

The increasing use of cash assistance in the DRC can address some of the operational challenges faced in providing humanitarian assistance in the DRC, but with the appropriate risk management mechanisms in place.

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. Coordination, complementarity and continuity of action with development counterparts and concerned authorities 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 populations in line with the Sustainable Development Goals and the Agenda 2030.

The multi-sectorial and multi-actor 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

The humanitarian-development-peace nexus is still in an embryonic phase in the DRC and not systematically operationalised. Poor governance, lack of political engagement and a very low national budget are serious obstacles for a nexus approach and durable solutions to the ongoing crises. At the same time, more than two decades of short-term focused humanitarian interventions have not resulted in any long-term, durable and sustainable solutions for crisis-affected populations. On the contrary, considering the increased violence and crumbling infrastructures, the situation has slowly deteriorated over the years, and humanitarian needs are rising. Considering the abovementioned challenges, the humanitarian-development-peace nexus approach needs to be adapted to the context, with notably a strong focus on partnership with development donors, including in particular EU Member States, in order to secure longer term funding and working towards a better delivery of basic services and a peaceful environment for crises-affected populations wherever possible. In addition, important investments in disaster preparedness and resilience-building of local populations are key.

An essential step in the nexus process is a joint crisis analysis. Efforts will continue in this respect in 2022 to perform such joint analysis and joint programming. DG ECHO expects the nexus donor group, the UN country team and the partner coordination group, together with authorities wherever possible, to move further towards some consensus about operationalisation of collective outcomes. For DG ECHO – and in line with its geographical focus on the east – the provinces of **Tanganyika** and **Ituri** are candidates for the nexus approach.

Durable and sustainable solution for displaced persons: Internal displacement in the DRC is often protracted. IDPs are in need of durable solutions at all levels (physical, material and legal safety), whatever their displacement pathway may be (return, relocation or local integration). A clear strategy and long-term investment is required from development actors. DG ECHO may consider pilot projects primarily aimed at defining the initial analytical framework required to support durable solutions within a nexus approach in **Tanganyika** with the objective to attract longer-term funding, e.g. multi-stakeholder area-based analysis to identify needs related to service-provision²⁴, under the condition that durable solutions are proven to be voluntary, safe and secure, dignified, informed and sustainable, and in full respect of humanitarian principles and international guiding principles.

²⁴ However, it must be noted that the root causes of the conflict between Twa and Bantu have not been addressed and that authorities and the provincial government – an essential partner in the nexus approach – basically represent Bantu interests.

Health: Given the high prevalence of epidemics, which 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). In particular by supporting health projects in **Ituri** that also reinforce decentralised capacities – local health centres – on disease outbreak preparedness, response and management, in coordination and/or complementarity with development partners.

In the Uvira health zone in **South Kivu**, where local populations are affected by conflict and recurrent natural disasters, DG ECHO continues the nexus process initiated in the health sector between health structures it supports, and a long-term health support programme funded by a development actor.

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 education in emergencies (EiE) in displacement settings and ensure coordination with the World Bank’s approach. Development-supported projects could also benefit from DG ECHO’s EiE.

Disaster preparedness (DP) and disaster risk reduction (DRR): DG ECHO’s DP interventions aim at strengthening resilience and reducing vulnerability of local communities, as well as building preparedness and response capacities of local actors. DP funds will aim to enhance preparedness and response capacity of local stakeholders in the eastern provinces – potential targeted geographical areas are Ituri, Maniema, North and South Kivu – for both natural and man-made disasters. The objective is to improve the level of community preparedness through community-based early warning systems and community contingency plans, as well as the swiftness of first responders to ensure a timely, qualitative and appropriate emergency response, and cost-effectiveness. With DP project(s) potentially funded by existing development programmes, DG ECHO will seek to enhance the inclusion of disaster risks and climate adaptation in development planning at local level, and to strengthen the nexus process through integrating vulnerability mapping and risks mitigation in development programmes.

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 INTPA 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. DG ECHO will also continue its advocacy towards development donors to support the Joint Refugee Return and Reintegration Plan in Burundi.

4.3. Nexus opportunities in Rwanda (within the Burundi crisis context²⁵)

Burundian refugees in Rwanda benefit from the CRRF and its focus on a more sustainable refugee response. DG ECHO will continue its advocacy towards

²⁵ In **Tanzania**, nexus opportunities with regard to the Burundian refugees are extremely limited. The government withdrew from the CRRF in 2018.

development donors to support the CRRF and to engage 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: DG ECHO will continue to support strengthening the resilience of local populations and institutions against the risks of catastrophes, with a main focus on natural disasters/climate events, through a DP pilot project that aims at strengthening and linking early warning to early community action – 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 consideration for all interventions

The humanitarian response shall be compliant with EU thematic policies and guidelines that are described in the HIP policy annex.

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.

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 continues to focus on the eastern part of the country, in particular conflict-affected provinces. 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 added value of the response (e.g. in terms of reduction of excess morbidity and mortality) and comparative advantage of aid modalities needs to be documented throughout the response, when possible.

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 strong linkage between the health sector and nutrition programmes will be encouraged. COVID-19 and recent Ebola outbreaks have highlighted the need for a multi-sectorial approach (beyond a pure health response) at the beginning of an outbreak, and even before, at preparedness stage. It is essential to work better with local communities and to make the emergency/humanitarian system more resilient and less vulnerable.

Humanitarian projects should aim at building resilience of local communities and to 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 prevention of fraud and corruption, misconduct and abuse, access restrictions, as well as protection 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 feedbacks are required.

In the context of the **Burundi refugee and return 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.

Given the Great Lakes' vulnerability to man-made and natural disasters, DG ECHO supports ongoing disaster preparedness actions in Burundi, the Republic of Congo and the DRC and will provide additional funds in the **DRC** in 2022 to help overcome the lack of preparedness and response capacity due to the absence of early warning systems and contingency planning at all levels by enhancing such capacity of local stakeholders such as the Congolese Red Cross society and NGOs in the most-at-risk areas in South Kivu, North Kivu, Maniema and/or Ituri provinces.

5.2. Other DG ECHO interventions

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

The budget for **ECHO Flight** humanitarian air service operations in the **DRC** is covered by a separate HIP.