

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

CENTRAL AFRICA¹

AMOUNT: EUR 63 850 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of the financing decision ECHO/WWD/BUD/2019/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for DG ECHO²'s partners and to assist them in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document. This HIP covers mainly Cameroon, the Central African Republic (CAR) and Chad. It may also respond to sudden or slow-onset new emergencies in Gabon, Equatorial Guinea, Sao Tomé and Príncipe, if important unmet humanitarian needs emerge, given the exposure to risk and vulnerabilities of populations in these countries.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Third modification as of 13/05/2019

Central African Republic:

The humanitarian crisis remains severe with no signs of improvement in the past months and despite the signature of the peace agreement signed between the Government and 14 armed groups in February 2019. An update of the Humanitarian Needs Overview (published on 27 March 2019) underlined the deterioration of the humanitarian situation with urgent funding requirements. The crisis in the Central African Republic is considered a forgotten crisis which remains largely underfunded.

In order to address the needs of the most affected populations by the crisis, in the prioritized areas (based on the needs and as defined in the technical annex), the HIP is increased by an amount of EUR 3 million. Funds will be allocated to life-saving activities in the water, sanitation, hygiene, health and shelter sectors, all in respect of the humanitarian principles.

Second modification as of 12/4/2019

Cameroon:

The crisis in the Northwest and the Southwest regions of Cameroon has deteriorated further in the last months. Violence, clashes, kidnappings, arsons and lockdowns in several towns have led to a situation of high instability and insecurity across these regions. This has caused further forced displacements of populations with, according to the latest figures, 444 000 IDPs in these regions and over 32 000 refugees in Nigeria. The violence has interrupted also the economic and agricultural activities. 350 000 people are reported to be severely food insecure and in need of emergency food assistance³. Other critical needs include shelters, non-food items and protection.

¹ For the purpose of this Humanitarian Implementation Plan, the Central African countries concerned are Cameroon, Central African Republic, Chad, Equatorial Guinea, Gabon, Sao Tomé and Príncipe

² Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)

³ WFP

In order to address the needs of the most affected population by the crisis in the Northwest and Southwest regions of Cameroon, the HIP is increased by an amount of EUR 3 million. Funds will be allocated to multi-sectorial assistance, protection and support to operations, all in the respect of humanitarian principles.

First modification as of 1/3/2019

The budget breakdown per country is adapted following the evaluation of the proposals received for each country. The new budgetary breakdown per country has been revised in the Technical Annex. The total amount of the 2019 Central Africa HIP remains unchanged.

1. CONTEXT

Overview of the main humanitarian challenges in the region

CAR, Chad and Cameroon have in common structural weaknesses linked to chronic under-development and fragility, although to varying degrees. The three countries are at the juncture of major crises (CAR, Nigeria, Libya, Sudan, South Sudan, Democratic Republic of Congo - DRC), with cumulative forced displacement over time. The population is also significantly exposed to natural disasters and epidemics. This results in both protracted humanitarian needs and new humanitarian emergencies. The situation is further exacerbated by the ongoing conflict in CAR – including its significant spill-over to neighbouring Cameroon and Chad - and the spill-over of the Lake Chad crisis from Northeast Nigeria to Cameroon and Chad. The results are large population displacement and severe impact on local and regional economies. The population in CAR is suffering from a severe protection crisis, with resurgence of violence, including incidents of armed actors targeting civilians based on religious or ethnic affiliation or for economic gains. Consequently, insecurity and its negative impact on livelihoods continue to constrain access to food for vulnerable households, further increasing acute food and nutrition insecurity. The Sahel region of Chad is highly food insecure, with rates of Severe Acute Malnutrition exceeding the emergency threshold. Sahel food and nutrition insecurity is considered a forgotten crisis by DG ECHO. In Cameroon, a new crisis has emerged in the English-speaking regions in the West of the country (“Anglophone crisis”), causing significant displacement. The crisis in CAR and the protracted situation of refugees from CAR in Cameroon and Chad are also considered a forgotten crisis.

Main vulnerability indicators per country

CAR ranks 188 on UNDP Human Development Index (HDI), i.e. the last position of assessed countries. With an overall INFORM Vulnerability Index of 8.6/10, CAR is the third most vulnerable country in the world. Its Hazard and Exposure score is 7.9/10 and its Lack of Coping Capacity score is 8.7/10. The country has an INFORM risk class of "very high" due to the ongoing conflict, its lack of coping capacity and its high vulnerability, with a Crisis Index of 3/3, resulting from a Conflict Intensity score of 10/10 and an Uprooted People score of 9.6/10. CAR has a total population of 4 900 274⁴. 2 500 000 of them, i.e. about half of the population, are in need of humanitarian assistance. The country's humanitarian outlook indicates that the situation is changing fast, within a very volatile security context. Military presence linked to the conflict consists of a UN integrated mission (MINUS-CA) with about 10 000 troops and the national army which has started to be deployed outside the capital.

⁴ Source: World Bank

Chad ranks 186 on the HDI. Its overall INFORM Vulnerability Index is 7.4/10, Hazard and Exposure 7.2/10, Lack of Coping Capacity 8.9/10. The country has an INFORM Crisis Index of 3/3, resulting from a Conflict Intensity score 2/3, Uprooted People 3/3 and People affected by Natural Disasters 3/3. The protracted Sudanese refugee situation in the East, the situation of Central African Republic refugees and returnees in the South are classified as forgotten humanitarian crises, with a potential for deterioration. Since 2018, the situation in the Sahel is also considered a forgotten crisis. Chad has a total population of 14 452 600. Some 4 911 000 people, i.e. 34% of the total population, are directly crisis-affected, and the remaining population is considered indirectly affected. The country's humanitarian outlook indicates that the situation is of a protracted nature, within a relatively stable political environment dominated by ever stronger Presidential power. Chad is pivotal to regional security efforts. Thus, proper civil-military coordination is essential.

Cameroon ranks 153 on the HDI. Its overall INFORM Risk Index for 2018 has risen to 6.2/10 (Hazard and Exposure index 6.8/10; Vulnerability Index is 5.8/10; Lack of Coping Capacity index is 5.9/10). The INFORM Crisis Index for Cameroon is 2/3 for 2018, resulting from a Conflict Intensity score of 2/3, an Uprooted People index of 2/3 and a Natural Disaster index of 0/3. Cameroon has a total population of 24 995 000. 1 037 000 people are directly affected by crises, i.e. 4% of the total population. Some 2 500 000 people, i.e. 10 % of the total population, are estimated to be indirectly affected, as local communities hosting displaced populations. The situation of the 255 900 CAR refugees in Cameroon is considered a forgotten crisis. The arrival of thousands of new refugees from Nigeria and CAR in Cameroon has also aggravated the situation. The new crisis in the Southwest and Northwest regions has caused the displacement of more than 250 000 people, both inside the country and to Nigeria.

Acute complex emergency in the Central African Republic

The situation in CAR took a dramatic turn following the coup d'état in March 2013, with the conflict escalating into a cycle of reprisals with violent clashes between armed groups and the French military intervention ("Operation Sangaris"). In February 2014, a transitional government took office, which marked the start of a fragile process of appeasement. Exactions and widespread banditry have continued to affect the population, compromising humanitarian access and threatening humanitarian workers' lives. The UN integrated mission (MINUSCA) deployment came in support to the political transition process, whilst promoting accessibility of long-secluded areas.

Despite the successful completion of the electoral cycle which led to a new government in March 2016, and a relative calm in the first months of 2016, the overall security situation has deteriorated since then. Government control over the prefectures remains rather limited. Humanitarian needs are on the rise due to recurrent outbreaks of violence in the provinces, even in previously peaceful areas. New forced population movements add pressure to an already precarious humanitarian situation: continuing protection threats, protracted displacement, widespread destruction of homes, disruption of basic services and livelihoods, high level of food insecurity, acute malnutrition, persisting weakness of State institutions and generalized feeling of impunity. Almost half of the population is considered vulnerable and has no access to basic services. As at 30 June 2018, approximately 608 000 individuals were still internally displaced (IDPs), compared to about 400 000 in January 2017, which illustrates the aggravation of the situation. Most IDPs live in host families. Even though some spontaneous repatriation of CAR refugees from neighbouring countries (Cameroon, Chad, DRC) had started at the beginning of 2016, movements have so far been limited to small numbers of people. Instead, the number of refugees has increased by 35% since the rise of violence in May 2017. The returnees, both repatriated refugees and IDPs, are facing difficulties to access their legal rights, notably to secure their housing, land and

property, and are confronted with the challenge of intercommunal peaceful co-existence against the background of increasing inter-community tensions.

Complex protracted crises in Chad

Significant levels of acute food insecurity and undernutrition characterise the Sahel belt of Chad, which has undergone repeated food crises in recent years as a result of the lack of structural development, erratic climatic conditions, failed harvests and increase in food prices. The country is vulnerable to natural hazards such as floods and droughts as well as epidemics. Poor households depend on local markets to access food and are facing a decline in their purchasing power due to economic and financial crisis. Pastoralists are also facing a sharp drop in terms of trade as the livestock market is idle and prices have halved. Additionally, earlier than usual transhumance very often creates tensions with the local population. According to the Cadre Harmonisé (Harmonized Framework) food security analysis⁵, in 2018 food insecurity has deteriorated in the Sahel regions of Chad compared to the previous year. The nutritional situation is also a point of concern. Severe Acute Malnutrition (SAM) remains a public health problem in virtually all regions in the country, which seriously deteriorated in 2018. Between January and July 2018, the number of SAM children admitted in health centres increased by 19.8% compared to the same period in 2017. In July, some 25 553 children with SAM, 32.5 % more compared to the same month last year, were admitted in health centres, almost 20.7% of them in N'Djamena.

Chad furthermore experiences three simultaneous displacement crises, with a large new influx of 22 211⁶ new refugees from CAR in the South. This occurs in a context of extreme fragility and limited international aid⁷, characterised in particular by a sharply decreasing donor interest in the protracted Sudanese and CAR refugee and returnee situations. It also puts high pressure on host communities, resources and environment, already severely stricken by food insecurity and global warming consequences. The protracted situation of Sudanese and CAR refugees and returnees – considered a forgotten crisis by DG ECHO - calls for a quick and large implementation of the Humanitarian-Development Nexus. In a context of ongoing insecurity and violence in CAR, Libya, Nigeria and Sudan, Chad's borders with three out of its five neighbouring countries have been closed. This has negatively affected the economy, with trade routes having been cut off, particularly impacting livestock exports from Chad to Nigeria and Libya, but also overall market functioning.

Acute and protracted humanitarian crises in Cameroon

Conflict in CAR since 2013 has caused massive arrival of refugees from CAR in Eastern Cameroon. By June 2018, there were 255 900 refugees⁸ from CAR, of whom 8 000 arrived in the first half of 2018 due to the intensification of the conflict in CAR. Their dependence on humanitarian aid persists due to limited self-reliance opportunities and uncertain return prospects. As mentioned, their situation is therefore considered a forgotten crisis.

In the Far North region, the IOM (International Organization for Migration) Displacement Tracking Matrix (DTM) of April 2018 identified 238 100 IDPs, amongst whom 94% are fleeing violence from Islamist groups, and the others are displaced by floods. Some 44 000

⁵ CH – National frame to identify the vulnerability of food and nutrition insecurity. The last exercise was carried out in March 2018 under the lead of the SISAAP (*Système d'Information sur la Sécurité Alimentaire et d'Alerte Précoce au Tchad*). The classification is compatible with IPC (Integrated Food Security Phase Classification).

⁶ UNHCR, Factsheet 10 July 2018

⁷ In Chad, Development assistance is only 33% of the total, while humanitarian aid is 56% and debt write off 11%.

⁸ Source: UNHCR

refugees out of site and 74 700⁹ returnees were also identified. As of July 2018, 52 550 Nigerian refugees are registered by UNHCR in Minawao camp. The biometric registration process out of the camp is to be launched whereas preparations for the repatriation of refugees desired by the Nigerian Government are still on-going. Insecurity has provoked disruptions in economic activities, notably cross-border trade and agriculture and the increased need for protection of the population. The health and nutrition status of the affected population, already exposed to structural food insecurity, poverty and limited access to basic services, has deteriorated due to the displacements.

In the two English-speaking regions of Cameroon, the Northwest and the Southwest, mobilisations for greater autonomy have evolved into tensions and social unrest over 2018. This has led to a disruption of economic and agricultural activities as well as social services (notably health and education). Further to an initial Multisector Interagency Rapid Assessment (MIRA) in April 2018, which identified 160 000 displaced people in both regions, OCHA/IOM have coordinated an estimation exercise for displaced populations with local NGOs active in the Southwest regions. Hence, as of August 2018 the estimated number of IDPs in the Southwest region is 246 000. The same exercise remains to be completed for the Northwest Region where the MIRA initially acknowledged 10 000 IDPs. Furthermore, as at August 14, 25 100 Cameroonian refugees have been registered in neighbouring Nigeria.

2. HUMANITARIAN NEEDS

1) People in need of humanitarian assistance:

Populations in Central Africa are affected by man-made and natural disasters as well as epidemics. In light of their vulnerabilities, affected people and potential beneficiaries can be categorised as follows:

Conflict-affected people

- Local and Internally Displaced Populations (IDPs): In CAR, the entire population of 4.9 million people is considered directly or indirectly affected by the ongoing humanitarian crisis, with 2.5 million estimated as extremely vulnerable and requiring assistance. CAR hosts a large number of IDPs, with some 608 028 individuals¹⁰ of whom 249 522 live in 85 IDP sites. In Chad, according to the UNHCR¹¹ some 108 428 IDPs were registered following the crisis in the Lake region. Domestic and gender-based violence (GBV) is high amongst displaced populations. Cameroon hosts more than 470 000 IDPs due to conflict or violence, 223 800 in the Far North Region and more than 250 000¹² in the English-speaking regions of the Southwest and Northwest. The structural lack of civil documentation of the majority of the population in the region increases protection-related risks including, but not only, refoulement, expulsion to Nigeria and forced trans-border movement of population.

- Refugees: Chad is hosting the largest number of refugees (446 091, according to UNHCR). Refugees originate from Sudan (334 377), CAR (99 585) and Nigeria (10 974). Overall 56.2% of these refugees are under 18 and 4% elderly persons. Women headed households account for 82%. A Tripartite Agreement was signed between the Governments of Chad, Sudan and UNHCR for the voluntary repatriation of Suda-

⁹ Source: IOM

¹⁰ Source: CMP (*Commission Mouvement de Populations*) – June 2018

¹¹ Data from June 2018.

¹² OCHA/IOM estimation exercise, August 2018

nese and Chadian refugees. Although some families were assisted to return to their places of origin a massive return remains unlikely: only 353 Sudanese refugees in Chad voluntarily repatriated to Sudan while 3 862 Chadian refugees voluntarily repatriated from Sudan by end of July 2018. The drastic reduction in food rations since 2015, due to decreasing funding, had a direct impact on gender-based violence (GBV) and caused protection issues such as repudiation of wives, prostitution, begging, temporary or permanent migration etc. The number of CAR refugees has significantly increased, with some 22 211 new refugees fleeing violence in Northern CAR since December 2017. The situation remains volatile in CAR with limited return as well as new arrivals.

Cameroon currently hosts more than 350 000 refugees from CAR and Nigeria. About 214 000 are CAR refugees who have arrived since December 2013 and were biometrically registered in 2017. Around 30% live in seven refugee camps in the East, Adamaoua and North regions, while 70% stay within host communities. 53 % of the new CAR refugees are women and 30 % are under 18 years old. The biometric exercise implemented in 2017 indicated that there were around 42 000 additional CAR refugees who were already in Cameroon before 2013, bringing the total figure to 256 000. The Far North region hosts 96 500 refugees from Nigeria, 52 500 are biometrically registered in Minawao camp and around 44 000 have been identified out-of-site. Domestic and gender-based violence is estimated to be high among refugees.

Despite the volatile internal situation, CAR also hosts 6 817 refugees and asylum-seekers, made up mainly of 1 749 persons from DRC, 2 498 from South Sudan and 1 707 from Chad.

- Returnees: In CAR, an estimated 95 876 people returned spontaneously from neighbouring countries where they had sought refuge as at 31 July 2018¹³, more than double the figure of end 2016. The repatriated people, mainly from the Muslim community, are facing challenges in terms of peaceful co-existence with the communities in the areas of return and are notably confronted with illegal occupation of their land and property. Chad experienced a large-scale return of people from CAR in 2013/2014. Approximately 41 000¹⁴ individuals continue to live in four sites close to the CAR border and host communities in the South as well as in Ndjamena and Moundou. Some 20 582 people returned from Nigeria and Cameroon to Lake Chad region. The lack of legal documentation and assets are the main constraints to their socio-economic integration. In Cameroon, only limited information is available about the 71 000 returnee IDPs in the Far North Region. Small-scale returns of CAR refugees are also reported by UNHCR (approximately 9 000 in 2017).

People affected by food crisis and acute undernutrition

- Food crisis: In CAR, where 75% of the population rely on agriculture for food and income, the crisis has severely affected livelihood strategies and coping mechanisms. In particular, the violent clashes and inter-communal tensions that intensified since 2017 resulted in an even more widespread disruption of agricultural and marketing activities and exacerbated massive population displacements that, in turn, severely impacted both food availability and access. Similarly, food prices have risen sharply in conflict-ridden areas, thus creating a dire food security situation for large segments of

¹³ Source: Commission Mouvement de Populations – July 2018

¹⁴ Source: OCHA

the population. According to the last IPC¹⁵ (March 2018), 2 million people - 43% of the population - are in a situation of acute food insecurity with close to 700 000 people in phase 4. The most vulnerable populations are the IDPs and host communities in the areas affected by the conflict such as Alindao, Obo, Bria, Rafai/Bangassou, Kaga-Bandoro, Bambari, Batangafo and Paoua. Insecurity and conflict have not only limited agricultural activities, access to food and the functioning of local markets; they have also impacted negatively transhumance trends and pastoralists' livelihoods, thus fueling deadly conflicts between pastoralists and farmers communities.

In Chad, the latest Cadre Harmonisé analysis foresees an increase of 10% of populations in phases 3-5 of food insecurity during the lean season (usually from June to September) and of the number of districts in food crisis. Moreover, since the lean season started earlier than usual, about 1 000 000 people countrywide (refugees not included) are expected to be in crisis or worse during the lean season, and in need of urgent assistance. A historical rainfall deficit negatively affected 2018 crop production, which would suffer a 5% reduction compared to the previous 2016/17 agricultural campaign. The food situation of newly arrived CAR refugees and their host community is particularly acute, with 9% of people severely food insecure and 57% moderately food insecure according to WFP (EFSA, April 2018).

In Cameroon, the conflict in Nigeria and the subsequent border closure have had heavy consequences on local livelihoods. The Far North is the region most affected by food insecurity, followed by the Adamaoua and the North. An estimated 1.2 million people are food insecure during the lean season of 2018. 175 000 of them suffer from severe food insecurity and require emergency food assistance. The Cadre Harmonisé of, June 2018 indicated that 211 000 persons are in phase 3 in the Northwest and the Southwest, which is 10.5% of the population of the two regions.

- Severe Acute Malnutrition: According to the 2018 Humanitarian Needs Overview for CAR, about 750 000 children suffering from Global Acute Malnutrition (GAM) are in need of nutritional treatment and prevention including about 37 000 children under five suffering from SAM. SAM is above the emergency threshold of 2% in 39 out of 71 provincial health districts nationwide¹⁶. The nutritional situation is clearly linked to a lack of access to health care but is exacerbated by the displacement of populations. Rapid assessments conducted in some humanitarian "hot spots" show a degradation of the nutritional situation. Given the renewed crisis, severe acute undernutrition might be on the rise again in 2018. In Chad, the nutrition situation is particularly alarming in 2018. The 2017 SMART Survey¹⁷ revealed that GAM prevalence was at 13.9% in 2017 against 11.9% in 2016 while SAM was at 3.9% in 2017 against 2.6% in 2016. In 12 regions out of 23, GAM exceeds the 15% threshold defined by WHO. SAM is beyond the emergency threshold of 2% in 15 regions. The number of 268 000 SAM children was forecast for 2018. In Cameroon, populations in the Far North region were already suffering from chronic undernutrition prior to the Lake Chad crisis. According to the 2017 SMART survey, the SAM rate is 1.1 % in the Far North region showing an improvement in the nutritional status of the population in the areas affected by the Lake Chad crisis. The nutrition situation is still to be assessed in the Northwest/Southwest regions, especially for displaced populations living in remote areas.

Vulnerable people affected by natural disasters or epidemics

¹⁵ Integrated Food Security Phase Classification

¹⁶ UNICEF, July 2018

¹⁷ Nutrition survey conducted by UNICEF

CAR, Chad and Cameroon are highly exposed to epidemics and natural disasters, notably floods and drought. In CAR, due to the collapsed health system, the entire immunisation programme depends on external aid, with logistic and security constraints hampering prevention activities. As a consequence, immunisation rates are extremely low. The surveillance system is also very weak. The country is often hit by meningitis, monkey-pox, measles and rabies outbreaks. In all three countries, limited health surveillance and response capacities are a concern in case of an Ebola spread. In Chad, roughly 60% of the national territory is desert, 25% falls in the semi-arid Sahel belt, whilst the remaining 15% approaches sub-tropical conditions but is subject to flooding. Climate change consequences have had a tendency to worsen the situation. In particular, the rainfall pattern has become highly erratic, causing flash floods and drought.

Gabon, Equatorial Guinea and Sao Tomé and Príncipe are also regularly affected by slow and sudden-onset disasters, with flood-risk areas covering about 64% of the total area of Gabon. Since 1996 and more recently in 2018, the northern regions of Cameroon have experienced upsurges of cholera outbreaks, showing the weakness of the health system to fight effectively the spread of the disease. Chad is endemic to several diseases (such as cholera, measles and malaria) and suffers recurrent outbreaks. In Cameroon, 250 000 people are estimated to be regularly affected by natural disasters in the northern regions.

2) Description of the most acute humanitarian needs

Protection and IHL compliance

Various crisis cycles in CAR have worsened the situation of civilians in almost the entire country, particularly for children who have been subject to violence, displacement and forced recruitment by armed groups. In 2017, the number of children recruited by armed groups more than quadrupled compared to 2016, with 196 boys and 103 girls affected, some as young as eight years. 28 attacks against schools and 19 attacks against hospitals were reported in 2017¹⁸. Protection issues are exacerbated by weapon proliferation, widespread insecurity and impunity, regular clashes between armed groups, criminal activities, chronic poverty and a protracted political crisis. Unfortunately, faced with an overwhelming number of serious violations committed on the CAR territory, the response of governments has often been highly inadequate and impunity has prevailed, fueling the cyclical armed conflicts.

In this context, inter-communal divide along religious lines is mounting. Tensions continue to arise in parts of the country, generating new waves of displacement, notably outside the capital. Peaks of violence are recurrent between farmers and herders during the transhumance period.

Sexual violence against both sexes remains largely unpunished, severely obstructs prospects of reconciliation and tremendously affects the survivors due to stigma and marginalisation by their own families and communities. Violations of housing, land and property (HLP) rights are an obstacle to the first spontaneous return movements of both IDPs and refugees.

Protection needs are also high in refugee and returnee sites and camps in Chad and Cameroon. In Chad, refugees have limited rights to move freely inside the country. Against a landscape where birth registration is an issue for regular citizens, UNHCR is leading advocacy for basic rights, making some progress regarding Sudanese refugee children. Nevertheless, challenges are significant as around 122 580 refugees born in

¹⁸ UN Secretary-General report on children and armed conflict (16 May 2018)

Chad need birth certificates. Returnees from CAR with no family links in Chad are still vulnerable and remain at risk of being ostracised and discriminated against. This issue is highly political and the government's returnee reintegration plan remains largely unfunded. With IHL violations becoming more likely in conflict-affected areas of Cameroon and Chad, protection of civilians is paramount. In addition, the progressive and steady militarization of the region is reportedly leading to an increase in protection incidents, particularly related to GBV. Further advocacy is required to ensure effective access to the most vulnerable conflict-affected populations and to guarantee the delivery of coordinated and principled humanitarian assistance. In the Far North region affected by the Lake Chad crisis in Cameroon, compliance with International Refugee Law and the Organisation of African Unity (OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa, and in particular the Nigerian refugees' right to asylum and to non-refoulement, are important. Despite the signature of a Tripartite Agreement between UNHCR and the governments of Cameroon and Nigeria in March 2017, cases of refoulement are still reported (around 5 000 forced returns to Nigeria in 2017 and more than 700 since January 2018). For all displaced persons in Cameroon (refugees and IDPs), the loss of documentation and the high percentage of family separations are a direct consequence of their forced flight. Psychological trauma, violence, including SGBV, unsafe or undignified coping mechanisms (such as transactional sex), have also been observed. The social unrest in the Southwest and Northwest regions of Cameroon has led to allegations of human rights violations; limited access due to insecurity and administrative restrictions to the area may hamper a neutral and independent analysis and humanitarian responses.

Health and Nutrition

In CAR, the crisis has dismantled the already very fragile health preventive activities, primary and secondary health care, all functional referral hospitals, early warning mechanisms, rapid outbreak response capacities, psychosocial support and assistance to victims of violence, including GBV remain essentially reliant on humanitarian actors. Key mortality indicators (under-five and maternal mortality) are still very high in the country. Access to free health care is essential in all humanitarian interventions in the health sector, as well as greater complementarity with longer-term support to the healthcare system. Chad and the Sahel belt of Cameroon continue to suffer from low vaccination coverage and poor availability/access to primary and secondary healthcare. In Chad, according to the latest SMART survey (2017), the mortality rate (0.8/10 000/day) amongst children under five remains far below the emergency threshold (2/10 000/day). The available health structures and competent human resources cannot cope with the increasing trend of malnutrition cases, especially during the lean season peaks and epidemics outbreaks. Girls face additional health challenges in a country where female genital mutilation and child marriage pervade across ethnic groups. In Cameroon, some 60 500 SAM cases are expected for 2018 (UNICEF) in Adamaoua, North, Far North and East regions only.

Food assistance and livelihoods

In CAR, reduced and limited access to agricultural fields linked to increasing security constraints and potential conflict with local populations, massive population displacement and major logistic hindrances continue to hamper significantly local agricultural production, ultimately resulting in high needs for food assistance and livelihood support. A greater proportion of households are adopting negative coping mechanisms such as selling domestic assets or reducing non-food expenses in health and education.

Households' diet is also degraded by the substitution of more nutritious cereals and vegetable staples with cassava and the reduction of animal proteins intake. Severe food insecurity affects mostly people living in rural areas and primarily displaced people and host families.

In Chad, almost all Sahel regions have registered a decrease in both cereal and pastoral production. Market supply in the regions of Borkou, Ennedi East, Ennedi West, Tibesti and Wadi Fira have been negatively impacted by lower trade flows from Libya (due to insecurity), and from Sudan and Sila (due to export restrictions). The drop in agricultural production in the regions of Lac, Kanem, Barh El Gazal and Hadjer Lamis has also reduced supply. This overall decline is linked to lower purchasing power, decline of terms of trade and demand from vulnerable households.

In Cameroon, food assistance is one of the main needs within the three humanitarian crises that the country faces. In Eastern Cameroon, the latest surveys showed that 74% of the CAR refugees intend to stay in Cameroon as long as the situation in CAR remains volatile. Most of them have no opportunities or capacities to develop income-generating activities, thereby putting pressure on scarce local resources. Strengthening their self-reliance is thus a priority. About 38% of them are highly vulnerable and depend entirely on humanitarian aid. In the Far North, violence has exacerbated the fragility of the region, where nearly 80% of the population is either poor or very poor. Insecurity and border closure have disrupted agricultural and economic activities, so restoring livelihoods is a priority. According to the *Cadre Harmonisé* Analysis, 67 % of people in acute food insecurity in Cameroon are located in the Far North region while 1 200 000 individuals are at risk of food insecurity in four regions of Cameroon in 2018. The situation in the Western regions could worsen in the lean season 2019 if tensions persist and affect access to food.

Water, Sanitation and Hygiene (WASH)

In CAR, at national level, only 30% and 20% of the population have access to water and latrines respectively and waste management is lacking. Needs in WASH are particularly severe in the areas most affected by the conflict and in IDP camps. Basic WASH services need to be re-established, pending a comprehensive and longer-term approach to tackle structural problems. Chad has only 43% water access coverage rate and 10% sanitation coverage rate at the national level. In displacement settings, access to local water sources and sanitation has increased to 70% and 55% in the Lake but is still insufficient including for the host communities and in the south. In Cameroon, more than 55% of the rural population do not have access to safe water and 80% to basic sanitation on a national level. Those figures are even higher in Far North and Eastern regions where some of the conflict affected population is located. WASH was identified as a priority need for displaced populations in the Northwest/Southwest regions (UN MIRA, April 2018).

Shelter and Non-Food Items (NFIs)

In CAR, shelter and NFI needs are related to displacement dynamics. With the resurgence of massive displacements, needs of emergency assistance are on the rise for newly displaced populations. In protracted displacement sites, the deteriorating living conditions after four years since the beginning of the crisis are a major challenge. Assistance needs to return and/or to rebuild are increasing. In Southern Chad, there is an urgent need to provide multi-sectorial assistance, including shelters, NFI for newly arrived CAR refugees in host villages and camps. Integration will be enhanced with semi-permanent shelters. Emergency NFI stocks and WASH kits are also needed in case of new displacements or influx. In Cameroon, NFIs for IDPs are one of the main

urgent needs in the Anglophone crisis. Some gaps also remain in terms of transitional shelters and NFIs in refugee sites due to continuous arrivals from CAR and Nigeria.

Logistics and access

Road conditions in CAR and Chad are generally very poor and various areas are landlocked for several months a year due to heavy rains. In CAR, attacks and violence against humanitarian workers, including killings (fourteen in 2017), is a major constraint for access and has forced humanitarian assistance to be temporarily suspended in several locations. Security is an issue in the Lake region of Chad and in the Far North of Cameroon where attacks remain frequent, which hampers humanitarian access. In the Far North of Cameroon, access to the areas most affected by the conflict has improved along 2018, particularly in the Logone-Et-Chari and Mayo-Sava Departments. However, administrative hassle has been a stumbling block to deploy humanitarian response. In the Northwest/Southwest regions access to most affected populations, often located in remote areas, has been constraint. Humanitarian air services to access CAR, Chad and the Far North of Cameroon will remain crucial in order to deliver humanitarian aid in time for the most in need. In Cameroon a focus on deep locations will be encouraged.

Coordination, advocacy and communication

The complex nature of the conflict in CAR in the context of a UN Peace-keeping Operation requires proper coordination and proper understanding and implementation of civil-military coordination guidelines. In order to preserve access to the beneficiaries, it is essential that humanitarian workers adhere strictly to the humanitarian principles and that a clear distinction between humanitarian and military action is maintained. Given the high number of organisations active in the humanitarian space, the high staff turnover and the volatility of the humanitarian situation, coordination remains challenging. In addition, the articulation between emergency, recovery and longer-term development interventions still needs to be strengthened. The spill-over effect of the CAR and Nigeria crises in neighbouring countries makes humanitarian coordination essential also in Chad and Cameroon. A Recovery and Peace-building Assessment is achieved in Cameroon in four regions affected by crises. In both CAR and Cameroon, advocacy will continue to be needed in respect to the humanitarian-development nexus. Advocacy has to be supported by appropriate resources, visibility and communication initiatives at the national and international level. Concerted efforts to advocate for principled actions will be required, including with respect to possible repatriation or (re)integration options for the displaced in the region, as well as forced relocation. In Chad, the advocacy initiatives should put an emphasis on the two forgotten crises in the country – the Sahel food and nutrition crisis and the CAR and Sudan protracted refugees' crisis and the need to link humanitarian and development instruments to face these crises in a complementary manner. Civil-military coordination should be urgently improved in the Lake Chad area for the four countries involved, where cross border operations could be reinforced.

Disaster risk reduction and resilience

To save the lives and protect the livelihoods of vulnerable populations exposed to natural hazards, notably floods and epidemics, suitable and viable preparedness measures, rapid response mechanisms and early warning systems are needed. Hence, disaster risk reduction concerns should be mainstreamed in the humanitarian response. Support to

resilience building should be a key concern in Central Africa, given the population's vulnerability and exposure to risks. In line with resilience building efforts, support to self-reliance could constitute an opportunity for vulnerable populations that face protracted displacement. Cameroon is prone to natural hazards such as floods and needs to enhance its preparedness capacities. In Chad, exposure to natural hazards and epidemics remains high with a global worsening trend due to climate change, deterioration of soil productivity and demographic growth. Regarding acute malnutrition, there is a strong need in strengthening surge capacities of decentralized health structures in relation to Community-based management of acute malnutrition (CMAM) and to respond to sudden-onset disasters and epidemics. In practical terms, more capacitated health staff is required who is able to provide nutrition care and can be deployed in surge in cases of sudden onset disasters and epidemics.

Education in Emergencies

The situation is particularly severe in CAR, due to the country-wide nature of the conflict: one-third of school-age children are out of school, according to UNICEF, and 20 percent of the country's schools are not operational. The spill-over effects of the CAR conflict in Cameroon and Chad, and the continuous violence perpetrated by Islamist groups on civilians in the Lake Chad area have affected children's school attendance dramatically. These acute crises, an aggravating factor in contexts of structural scarcity of schools and teachers, have caused widespread disruption in education services in all areas affected. Massive displacement of people, particularly women and children, has hindered access to basic social services, including education, and increased protection risks for all. The education sector in Chad suffers intensely from the current economic crisis. Strikes, delays in the payment of salaries, inadequate qualification of teachers contribute to a large number of drop-outs. In this context the integration of refugee children into Chadian schools is a huge challenge. In the regions affected by the Anglophone crisis in Cameroon, disruption of access to schools has been one of the first consequences of the crisis. Supporting emergency education both for residents and displaced children is therefore essential. In Eastern Cameroon, the integration of refugee children from CAR into the formal education system remains a challenge in the short-term due to the shortage of teachers and classrooms.

Displaced children in the region face significant barriers for entering/re-entering education due to gaps in their education, language barriers and the existing weaknesses in education systems in host communities. Children's exposure to violence, instability and harmful coping mechanisms (forced marriage, child labour, and association with armed groups) means that transitioning back to the regular education system is particularly difficult. This holds particularly true in the absence of psycho-social support and child protection services in many host communities.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

In CAR, the government has showed its interest in having a central role in coordinating international response and is responsible for the National Plan for Recovery and Peacebuilding. Although still largely absent from the provinces, the government is progressively seeking to establish its presence outside the capital. The national capacities remain very weak with limited social services available for the population. The government's involvement in the humanitarian response is also limited and there is a lack of public condemnation of violence and security incidents against humanitarian organisations.

The Government of Chad was very active in the early stage of the CAR crisis, taking the initiative to evacuate their citizens from CAR. However, the implementation of the Global Plan for Returnee Integration is still lagging behind. Food and nutrition issues remain largely dealt with by the international community due to the structural lack in human and financial resources, exacerbated by the ongoing severe economic crisis. The implementation of the "Vision 2030" and its National Development Plan for 2017-2021, adopted by the Council of Ministers in July 2017 remains to be seen.

Cameroon has a long-standing tradition of refugee acceptance. The government played an active role in the negotiation of a Tripartite Agreement with Nigeria and UNHCR for the repatriation of Nigerian refugees. The specific needs of IDPs in spontaneous sites are still largely uncovered and resources in host communities are exhausted. This situation has led some IDPs to return to their villages of origin even though no basic social services are available and security remains volatile.

2) International Humanitarian Response

The humanitarian response is managed at country level by a Humanitarian Coordinator (HC) and Humanitarian Coordination Team (HCT) through an annual Humanitarian Response Plan (HRP) based on an annual Humanitarian Needs Overview (HNO), which provides evidence-based analyses of the magnitude of the crisis and identifies the most pressing humanitarian needs. Regional appeals such as the UNHCR Regional Refugee Response Plan present figures on the displaced population fleeing conflicts and include detailed sector plans and respective financial requirements of each partner for the inter-agency response.

In CAR, the level of both financial and human resources allocated by the international community has decreased since the lifting of the L3 status¹⁹ in 2015, thus affecting negatively the quality and quantity of the international response. The HRPs have been largely underfunded (41% funded in 2017) and the gap between the needs and the response has been widening. The EU Trust Fund Bêkou continues to link humanitarian and development actions and to support the resilience of the population by focusing on three main areas: basic services, reconciliation, economic recovery and job creation.

In Chad, the humanitarian donor presence is limited (mainly the EU, France, United Kingdom, Switzerland and the United States), and thus has limited leverage in the face of huge humanitarian needs. Humanitarian coordination is ensured via OCHA and the cluster system, with varying quality across sectors. Other EU instruments (e.g. the EUTF for Africa²⁰) link humanitarian intervention to longer term development. In Cameroon humanitarian actors are present in numbers in the Far North Region, but funding has decreased compared to 2017. In the regions affected by the Anglophone crisis, the presence and capacity of humanitarian organizations is still limited, which may hamper the scale of the response. In Eastern Cameroon, only few aid organizations are present and there is a steady decline in donor funds.

3) Constraints and DG ECHO response capacity

Limited resources available to face high chronic vulnerabilities, in a context of weak national/local capacities, represent a major challenge. Similarly, the cumulative effects of different crises are a major constraint. None of the three countries experiences out-

¹⁹ Level 3 emergencies: global humanitarian system's classification for the response to the most severe, large-scale humanitarian crises (OCHA)

²⁰ European Union Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa

right denial of access. However, security, logistic (particularly in Chad and CAR due to their geographic location) and administrative constraints (in Southwest and Northwest regions of Cameroun) result in high programme and structural costs and influence humanitarian access everywhere, although to variable degrees. In CAR, humanitarian space and access remain problematic in particular outside the capital where humanitarian workers and assets are regularly targeted by armed groups and criminality. Although partners' presence has increased since 2013 and the number of operational INGOs²¹ in the country is now estimated at around 60, the absorption capacity is limited. Further, their ability to deliver continues to be hindered by extremely high staff turnover, by limited local capacity and by the dire security situation which in some cases has led to temporary suspension of humanitarian interventions and relocation of humanitarian personnel. Administrative constraints are still in place and an appropriate legal framework for INGOs is still awaited. Access is better in Chad, where there are a number of NGOs and UN agencies with absorption capacity; since 2016 the response capacity in the Lake Chad area has also improved though the situation remains unstable and the risk of quick security deterioration is still present. In Cameroon, constraints to access the most difficult areas of the Far North region have reduced. However, access to IDPs in the regions affected by the Anglophone crisis may be a challenge.

In all three countries, the rainy season and poor road conditions might complicate the provision of assistance, especially in remote areas. In all countries, limited options for international actors to work through local partners exist and are being utilized where possible. Remote-management is not applied at this stage but community-based approach is encouraged when appropriate.

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

DG ECHO's intervention strategy will address both the acute and the protracted humanitarian needs of the affected populations, as follows:

Support to conflict-affected populations

The *acute needs* of internally displaced populations, refugees, host communities and returnees in CAR, Chad and Cameroon will be addressed in the identified priority sectors, developed in the attached Technical Annex. Priority sectors include food assistance, emergency health and nutrition, emergency WASH, shelter and non-food items, protection, Education in Emergencies, support to pastoral and agricultural activities and livelihoods, coordination, security and logistics. Flexible and rapid interventions such as the Rapid Response Mechanisms should be used to address sudden movements of populations and acute peaks of malnutrition and epidemics outbreaks. Multi-sectorial approaches should be fostered when appropriate and taking into account the expertise of the implementing partners. In CAR, the response will need to remain flexible and adjusted to the evolving needs in a highly volatile context where localised crises appear suddenly and to the greatest possible extent coordinated with the activities financed by the EU Trust Fund Bêkou and other development actors. In Chad, multi-sectorial emergency response to the newly arrived refugees from CAR will be supported. In addition, the needs of long-standing refugees (from Sudan or CAR) will be addressed by contributing to further identify and scale up efforts towards self-reliance and durable solutions in light of Government of Chad, UNHCR, EU and World Bank interventions. IDPs and local population around the Lake Chad will be supported according

²¹ INGO - International Non-Governmental Organisation

to their vulnerability and not their status or location. In Cameroon, targeting the most vulnerable refugees, displaced and affected local communities to support them with food assistance will be a priority. In Eastern Cameroon, priority will be given to self-reliance initiatives for CAR refugees, when DG ECHO support has a clear added value and is time-bound because it can link with broader, more structural or developmental approaches. In the Far North region, multi-sectorial assistance and rapid response to new needs will remain a priority, as well as protection monitoring, prevention and response to all types of violence, as well as registration for asylum seekers. In the Northwest and Southwest regions, holistic humanitarian capacity and response is to be built in full respect of the humanitarian principles.

Addressing food and nutrition crises

Acute food and nutrition needs in the Sahel regions will be addressed through timely and time-bound emergency response aimed to contain mortality, morbidity and acute malnutrition rates below emergency thresholds and support appropriate prevention measures. Emergency food and nutrition interventions will target the most vulnerable households and the individuals most at risk of undernutrition - young children, pregnant and lactating mothers. At the same time, support may be provided, where appropriate, to strengthen livelihoods and help build the resilience of the most vulnerable, using the most appropriate transfer modality, where DG ECHO's support is time-bound and has a clear added value. Thereby, disaster risk reduction considerations will be mainstreamed.

In Chad, in addition, DG ECHO will also focus on the implementation of the Humanitarian-Development Nexus, i.e. nutrition/health, refugee integration and social safety nets by stepping up LRRD-oriented interventions in a shared strategic framework with EU development aid within the 11th European Development Fund (EDF) National Indicative Programme (NIP). Synergies with other financial instruments (notably PRO-ACT, the EUTF for Africa, PARCA of World Bank under IDA initiative) will be sought in order to contribute to this goal.

In CAR, access to diagnosis and treatment of Severe Acute Malnutrition and a minimum package of health services should be ensured by enhancing community services. Food assistance and malnutrition prevention and treatment should also complement interventions of the Rapid Response Mechanism.

In Cameroon, emergency food assistance to respond to acute needs linked with the conflicts (and not chronic needs) will be prioritized for severely food insecure populations affected by the three crises regardless of their status.

Epidemics and natural disasters

Preparedness and response to epidemic outbreaks and natural disasters will be supported where relevant, and epidemiological surveillance will be systematically integrated in all health and nutrition interventions. Disaster risk reduction and rapid response mechanisms will be mainstreamed as far as possible, and *ad hoc* emergency response interventions will be considered in all countries covered under this HIP.

All interventions should systematically take into account aspects of cost-effectiveness, efficiency, quality and innovation. To the largest extent possible, protection and disaster risk reduction concerns will be mainstreamed. Transition from stand-alone humanitarian interventions towards complementary actions with development and national actors and instruments will be sought to strengthen the resilience of the most vulnerable populations.

Early Warning Systems and National Contingency Plans will be supported at local, regional and national level in collaboration with the Government agencies and partners.

General considerations for all interventions

In the implementation of this HIP, special attention will be given to relevant aspects related to forced displacement, advocacy, International Humanitarian Law and humanitarian access. DG ECHO will provide further support to meet the mounting needs of children in conflict affected contexts that are out of school or risk education disruption. Within this HIP projects addressing both education and child protection needs through integrated actions will be funded. DG ECHO will favour education in emergency projects in areas where the percentage of out-of-school children is particularly high, there are serious child protection concerns and where other sources of funding available are limited. Complementarity and synergies with other EU services and funding instruments will be sought, in addition to complementarity and synergies with funding provided by the Global Partnership for Education and the Education Cannot Wait.

In addition, all humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy²².

4. NEXUS, COORDINATION AND TRANSITION

In CAR and Chad, synergies between humanitarian and development programmes continue to be systematically sought. Chad was selected as one of the six pilot countries for the operationalisation of the humanitarian-development Nexus with EU Member States. The purpose of the Nexus pilot process is to consolidate complementarities between the humanitarian, development and external action services of the EU and Member States in order to address better protracted crisis situations. Collective actions towards longer-term strategic objectives will be sought in respect of the different mandates. Likewise, in CAR where the protracted crisis has curtailed hard-won humanitarian and development gains, multi-year programming is increasingly the norm thus showcasing the need to help solidify the humanitarian-development nexus. In Cameroon, following the Recovery and Peace Building Assessment (RPBA) in 2017/18, it is expected that more synergies between humanitarian and development programmes will be explored.

1) Other DG ECHO interventions

In 2019, the Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of epidemics in Central Africa. Also, under the mentioned HIP the Small-Scale Response and Disaster Relief Emergency Fund (DREF) instruments may be applied in the region.

2) Other concomitant EU interventions

²² Gender Age Marker Toolkit, 2013 - http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf ; Gender and Sensitive Aid, September 2019 - http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en

The Brussels conference for CAR in November 2016 secured more than EUR 2 billion in pledges for the implementation of the Government's National Recovery and Peace-building Plan (RCPCA). The 2014-2020 National Indicative Programme (NIP) for CAR has an envelope of EUR 382 million and covers three priority sectors: economic governance and social services; reform of the security sector and democratic governance; and rural resilience and employment. The Bêkou Trust Fund aims to link humanitarian assistance with longer-term interventions with a focus on the restoration of essential public services, the economy, the reconciliation and the capacity of the administration. The Instrument contributing to Stability and Peace (IcSP) provides support in the area of peace and security and the EU Training Mission provides training to the national army (FACA).

In Chad, EU TF projects around the Lake Chad have supported resilience of vulnerable people, as well as employment and security activities for a total amount of EUR 88.3 million. PRO ACT project in the Eastern regions is establishing a bridge between DG ECHO and the 11th EDF funds becoming available in 2019. The EU also has active Common Security and Defence Policy in the Sahel region and the G5 Sahel, including Chad. DG ECHO and DEVCO nutrition interventions will be complementary through the support to health authorities and the RUTF (Ready-to-use-therapeutic food) pipeline. Humanitarian and development interventions in nutrition sensitive activities (WASH, food security, Behaviour Change Communication) will also be coordinated.

In Cameroon, EUR 5 million were mobilized under the PRO-ACT Decision to improve the resilience of local communities with income generating opportunities in regions affected by the CAR Crisis. Under the EU TF for Africa, four actions for a total amount of EUR 37 million to promote resilience and youth employment are on-going in the Far North, and North Regions.

In 2019, further complementarity and coordination between humanitarian and longer-term interventions financed by the EUTF for Africa will be implemented in Chad and Cameroon. In Chad, in line with the Nexus approach, an EU TF project started in the south of the country focusing on providing durable solutions for the CAR refugees and vulnerable local population. The project is designed in complementarity with the current DG ECHO interventions in the region. Such complementarity and coordination will also happen with the Bêkou Trust Fund in the CAR. DG ECHO contributes to the resilience objective of the EUTF for Africa.

3) Other donors' availability

In Chad, donor coordination remains complex, all the more so as key players (USAID²³, SIDA²⁴) are not based in the country. The Humanitarian Response Plan (HRP) 2018 was 33.7% financed in August (USD 183 million out of USD 543.8 million). Over the past five years, humanitarian appeals have been 55% funded, compared to 80% over the previous five years. In 2018, DG ECHO's collaboration with DFID was further strengthened. An LRRD strategy for nutrition and food security is expected to be implemented in 2019 under the 11th EDF National Indicative Programme.

In Cameroon, by September 2018 the HRP was funded at 27% (USD 75.4 million received out of USD 304.5 million required). In July 2018, a 3-months HRP dedicated to

²³ USAID - United States Agency for International Development

²⁴ SIDA - Swedish International Development Cooperation Agency

the Anglophone crisis was elaborated and required an additional 15M USD. BPRM²⁵ global funding to Cameroon has decreased. France's support to WFP and ICRC has decreased. Together with Switzerland and Italy who have maintained their level of funding in the country, they contribute to small-scale interventions with INGOs in the Far North Cameroon. IDA18 is Government channelled and will be implemented from 2019 on in the four regions of '*Septentrion*' affected by the presence of refugees to support Health, Education, and Social Safety nets. In addition, the EUR 12 million GA SONGO Initiative was launched by Agence Française de Développement and will provide a support to CAR refugees in Cameroon and IDPs in CAR with Actions that can last up to 48 months.

In CAR as of September 2018, USD 159.7 million have been allocated to the HRP corresponding to a coverage of 31% of the plan. Besides the European Commission, the main other bilateral humanitarian donors are the US, Canada, Sweden, the UK, Denmark, Ireland, Germany and the Netherlands. The CERF²⁶ is also an important UN-managed instruments for humanitarian financing in 2018.

4) Exit scenarios

While no realistic exit scenario can be envisaged at this stage, LRRD is sought wherever possible in protracted situations, in particular through the implementation of the Humanitarian-Development Nexus, as explained in Section 4.2.

²⁵ BPRM – United States Bureau of Population, Refugees and Migration

²⁶ OCHA Central Emergency Response Fund