

HUMANITARIAN IMPLEMENTATION PLAN (HIP) CENTRAL AFRICA¹

AMOUNT: EUR 86 767 000²

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2017/01000 (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 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. 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

Fifth modification as of 13/07/2017

In order to respond better to the food insecurity during the lean season in Chad, it is necessary to transfer an amount of EUR 1 200 000 from Objective 1 (Man-made crises) to Objective 2 (Natural disasters). The total amount of the HIP remains unchanged.

Fourth modification as of 29/05/2017

In the Central African Republic (CAR), new humanitarian needs are emerging while a large share of already previously existing humanitarian needs remain uncovered. Half of the population (2.3 million people) is still in need of humanitarian assistance. The number of internally displaced people (IDPs) has sharply increased after several violent incidents in the first half of May in the East and Southeast of the country. Due to fighting in Alindao, Bangassou and Bria (respectively in the prefectures of Basse Kotto, Mbomou and Haute Kotto), some 100 000 people have left their homes to seek protection in IDP sites, religious buildings, hospitals and around MINUSCA bases. They urgently need support in terms of protection, food, water and sanitation as well as household and hygiene items. There are also still some 440 000 IDPs, who still need assistance due to the impossibility for them to go back to their place of origin. This is against the worrying background of overall humanitarian support to conflict-affected populations in CAR. As of 29 May 2017, the Humanitarian Response Plan for 2017 is only funded at 22%.

Furthermore, the regional spill-over of the CAR crisis remains very significant, with over 480 000 refugees in Cameroon, Chad, the Democratic Republic of Congo and the Republic of Congo. As long as the situation has not stabilized in CAR, a massive return of these refugees is not to be expected, although tripartite agreements are being prepared with

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 Including GBP 12 730 636 (approximately EUR 15 067 000) in External Assigned Revenues from the United Kingdom Department for International Development (DFID).

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

Cameroon, Chad and UNHCR. The highest number of refugees is in Cameroon, i.e. 260 000. The refugees have lost most of their livelihoods and require adequate assistance.

Therefore, an additional allocation of EUR 5.5 million is considered necessary to meet new and uncovered humanitarian needs for population affected by the CAR regional crisis.

Third modification as of 07/04/2017

In Cameroon and Chad, displacement due to the spill-over of the Boko Haram crisis continues. In the Far North of Cameroon, refugees from Nigeria are estimated to be 85 000, both in Minawao camp (62 829 individuals) and in the communities. It is estimated that there are also some 30 000 unregistered refugees. The number of internally displaced people remains about 180 000. More than half of them are in the northernmost department of Logone-Et-Chari, which was until recently hardly accessible to humanitarian actors. Operational response capacity has been gradually increasing in the area, with several aid organisations having established a base in Kousseri or Makary, on the southern shores of Lake Chad. Therefore, it is proposed to address currently uncovered needs in food assistance/livelihoods, health, protection and coordination through additional funds.

In Western Chad, the northern tip of Lake Chad has also become increasingly accessible to humanitarian actors. Due to the disruption in trade exchanges and traditional livelihoods caused by the crisis, there is a need to further reinforce and expand livelihood recovery to those areas that have become accessible, for instance islands south of Bol where 40 000 people live without any assistance so far.

In the Chadian Sahelian belt, the lean season is soon approaching. It is estimated that one million people are going to face high food insecurity and up to 228 000 children will face Severe Acute Malnutrition (SAM), relying on nutrition assistance for their survival. Additional support is considered necessary to address the needs of this very vulnerable population.

To this end, an additional amount of EUR 2 587 000 for Cameroon and EUR 2 500 000 for Chad should be allocated from a contribution in External Assigned Revenues from the UK's Department for International Development (DFID).

Second modification as of 10/03/2017

In Cameroon and Chad, the Lake Chad crisis continues causing displacement. In the **Far North of Cameroon**, the humanitarian needs of the affected population are increasing both in the camp of Minawao, which now hosts some 60 000 refugees from Nigeria, and in the communities. The number of IDPs has reached approximately 180 000, and there are some 31 000 unregistered refugees. While delivery of aid in Minawao camp is slowly increasing, it remains insufficient in most sectors, and in particular in water and sanitation, food, protection and education.

In the northernmost department of Logone-Et-Chari, the significant increase of IDPs and refugees puts a heavy strain on local resources, in areas where humanitarian partners have only recently established a presence, or are in the process of doing so.

It is therefore crucial to step up humanitarian assistance to the Far North region, including to Logone-Et-Chari, to address uncovered needs in food assistance, protection/Sexual and Gender-based Violence and education in emergencies. It is also crucial to put in place a rapid response mechanism to allow quick assistance to new displacements, addressing needs in protection, water and sanitation and non-food items.

In Western Chad, the spill-over of the Lake Chad crisis continues to have a strong negative effect on the Chadian economy and population. At present, more than 106 000 people are

displaced, in addition to over 8 000 refugees from Nigeria. This keeps putting a serious strain on the host population, who has already had to share the existing scarce resources with the newly arrived Children's access to education remains a challenge in the conflict-affected area. Furthermore, insecurity in the Lake Chad region continues to heavily disrupt the usual trade patterns between the neighbouring countries and the traditional agricultural activities, affecting the livelihoods of an already very vulnerable population. Therefore, it is considered necessary to further step up the humanitarian response to address uncovered, urgent needs in protection, Education in Emergency and basic rehabilitation of livelihoods.

To this effect, an increase of the HIP for Central Africa is necessary. An additional amount of EUR 6 million for Cameroon and EUR 2 million for Chad should be allocated to this end.

First modification as of 28/2/2017

In Chad, the financial and economic crisis continues to be acute, with far-reaching consequences for the population and the ability of the government to provide them with basic services. The population is facing a complex humanitarian situation, with food and nutrition insecurity and the spillover of three crises, i.e. the Lake Chad and CAR and Sudan crises.

In the Sahelian belt, the level of food and nutrition insecurity is expected to remain high in most of the country, especially during the lean season which runs from June to September. It is expected that over one million people will require food assistance, and 228 000 children under five will need nutrition treatment. The situation requires a comprehensive response, including well-coordinated initiatives to strongly link humanitarian and development actions.

The situation of Sudanese and CAR refugees in Chad is a forgotten crisis. The situation in both Sudan and CAR is currently not conducive to a return. The reduction of assistance over the last years has led to negative coping mechanisms, causing protection issues for vulnerable people. Strategies enhancing the self-reliance of refugees should be scaled up in an integrated approach, also targeting host populations, and in close link with development donors.

In view of the fragility of the country and its exposure to natural disasters, such as floods and droughts, as well as epidemics, the reinforcement of rapid response mechanisms is crucial to allow very vulnerable populations having a swift access to humanitarian aid. It is important to reinforce local contingency plans and increase the constitution of small stocks so as to enhance response capacity.

Therefore, an amount of EUR 24 million from the Operational Reserve is deemed necessary to contribute to meeting urgent uncovered needs and providing a more comprehensive response.

The contribution in External Assigned Revenues from the UK's Department for International Development (DFID), previously estimated at EUR 9 800 000, has been set at EUR 9 980 000 after calculation of the applicable exchange rate. The DFID contribution concerns Chad and Cameroon. The additional EUR 180 000 has been attributed to Cameroon.

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 significant exposure to natural disasters and epidemics, although to different degrees. This results in continuing humanitarian emergencies and political fragility,

a situation exacerbated lately by the conflict in CAR and the spill-over of the Boko Haram crisis in Nigeria, which have caused large population displacement and severely affected local economies. The Sahelian regions of Chad and Cameroon are highly food insecure areas with rates of acute malnutrition close to or exceeding the emergency thresholds. In CAR, where a severe protection crisis is ongoing, conflict has also significantly affected food security, compounding high chronic undernutrition. The three countries are at the juncture of major crises (CAR, Nigeria, Libya, Sudan, South Sudan, Democratic Republic of Congo - DRC), with cumulative displacement effects over time. Demographic growth is a challenge, notably in Chad where, according to the World Bank, the population doubled over the last 20 years, and in Cameroon where a 70% growth was registered for the same period.

This HIP includes a contribution in External Assigned Revenues from the UK's Department for International Development (DFID) of approximately EUR 9,800,000. The DFID contribution concerns Chad and Cameroon.

Main vulnerability indicators per country

Central African Republic ranks 187 on UNDP Human Development Index (HDI). Its overall INFORM Vulnerability Index is 8.4/10, Hazard and Exposure 7.9/10, Lack of Coping Capacity 8.7/10. The country has an INFORM Crisis Index of 3/3, resulting from a Conflict Intensity score 3/3, Uprooted People 3/3 and People affected by Natural Disasters 0/3. CAR has a total population of 4,804,316. 2,300,000 of them, i.e. 48% of the population, are directly crisis-affected, the remaining population is considered indirectly affected. The country's humanitarian outlook indicates that the situation is fast changing, within a rather volatile political environment. Military presence linked to the conflict consists of an UN integrated mission (MINUSCA) with about 12,000 soldiers.

Chad ranks 185 on the HDI. Its overall INFORM Vulnerability Index is 3/3, 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 3/3, Uprooted People 3/3 and People affected by Natural Disasters 1/3. 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 potential for deterioration. Chad has a total population of close to 14,000,000. 4,181,000 people, i.e. 30% 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. Military presence linked to the Boko Haram insurgency consists of 3,000 soldiers and is an integrated mission of France and the Sahel G5 countries (Mauritania, Mali, Niger, Burkina Faso and Chad) led under the name of "Operation Barkhane".

Cameroon ranks 153 on the HDI. Its overall INFORM Risk Index in 2016 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 6/10). The INFORM Crisis Index for Cameroon increased to 3/3 in 2016; resulting from a Conflict Intensity score of 3/3, an Uprooted People index of 2/3 and a Natural Disaster index of 2/3. Cameroon has a total population of 23,924,000. 1,114,990 people are directly affected by crises, i.e. 4.7% of the total population. Some 1,900,000 people, i.e. 7.9 % of the total population, are estimated to be indirectly affected. The ratio between rural and urban population affected is not known at this stage, due to persisting access problems to remote rural areas. The country's humanitarian outlook indicates that the situation is deteriorating, particularly in the areas affected by the Boko Haram violence.

Acute complex emergency in the Central African Republic

The situation in CAR took a dramatic turn following the March 2013 coup d'état, with the conflict escalating into unprecedented levels of violence. The peak in the conflict in December 2013 ignited a cycle of reprisals with violent clashes between armed groups opposing self-defense (largely Christian) militias to a (mainly Muslim) coalition of rebels. In January 2014, a new transition government took office, which marked the start of a still 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 of the political transition process, while 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 remains unstable. Government forces do not control the entire territory. Humanitarian needs remain very high due to recurrent localised outbreaks of violence, continuing protection threats, protracted and new population displacements, widespread destruction of homes, disruption of services and livelihoods, high level of food insecurity, and persisting weakness of State institutions. Almost half of the population is considered vulnerable without access to basic services. As of July 2016, approximately 384 000 individuals are still internally displaced (IDPs), compared to 451,986 in December 2015, which shows the start of a spontaneous return movement of IDPs in several parts of the country. Some spontaneous repatriation of CAR refugees from neighbouring countries (Cameroon, Chad, DRC) has also started although in small numbers. 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 to the challenge of intercommunal peaceful co-existence against the background of an unresolved nationality question.

Mixed protracted crisis in Chad

Significant levels of acute food insecurity and undernutrition characterise the Sahelian belt of Chad, which has undergone repeated food crises in recent years as a result of lack of structural development, erratic climate conditions, failed harvests and increase in food prices. The country is vulnerable to natural hazards such as floods and droughts as well as to epidemics. Poor households have to buy more than 87% of their food on the markets because of limited proper production. According to the latest UNICEF nutritional ("SMART") survey, the national prevalence of Global Acute Malnutrition (GAM) in Chad has increased considerably from 11.1% in 2013 to 11,9% in 2016 with 6 regions out of 23 beyond 15%. During the same period, the rate of Severe Acute Malnutrition (SAM) has risen from 2% to 2.6% with 11 regions beyond 2%, the international emergency threshold. In addition, for 2016, the Cadre Harmonisé food security information system⁴ indicates that the number of people in need of food assistance during the lean season (June to September) has increased by nearly 60% in comparison to 2015 and is likely to remain at the same level in 2017. A total of 4.3 million people will be food insecure in 2017, out of which more than 1 million will be severely food insecure. The closure of borders with Nigeria has disrupted local markets, with particularly negative effects on already vulnerable Sahelian regions. Chad furthermore experiences three simultaneous displacement crises,

⁴ CH - Cadre Harmonisé analysis of March 2016 carried out by Ministry of Agriculture, SISAAP (*Système d'Information sur la Sécurité Alimentaire et d'Alerte Précoce au Tchad*), CILSS (*Comité inter-État de Lutte contre la Sécheresse au Sahel*). The classification is compatible with IPC (Integrated Food Security Phase Classification).

the most recent of which affecting the Boko Haram-stricken Lac region. This in a context of extreme fragility and limited international aid, characterised in particular by a sharply decreasing donor interest in the protracted Sudanese and CAR refugee and returnee situations.

Acute and protracted humanitarian crises in Cameroon

The influx of refugees from CAR started at the outbreak of the crisis in 2013 and has continued, although on a smaller scale. An estimated 158,418 CAR refugees have arrived in Cameroon since December 2013, mainly in the East and Adamawa regions. Their dependence on humanitarian aid persists due to limited self-reliance opportunities and uncertain return prospects to CAR. In the Far North region, the IOM Displacement Tracking Matrix (DTM) of April 2016 identified 190,590 IDPs, among whom 83% fleeing Boko Haram violence, the others displaced by floods. Some 8,800 unregistered refugees and 39,833 returnees were also identified. 57,145 Nigerian refugees have been registered by UNHCR. Insecurity has provoked disruptions in economic activities, notably cross-border trade and agriculture. The health and nutrition status of the affected population, already exposed to structural food insecurity, poverty and limited access to basic services, has seriously and rapidly deteriorated.

2. HUMANITARIAN NEEDS

1. Affected people/potential beneficiaries:

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: In CAR, the entire population of 4.8 million people is considered directly or indirectly affected by the ongoing humanitarian crisis, with 2.3 million estimated as extremely vulnerable and requiring assistance. CAR hosts at present the largest number of IDPs, with some 384,000 individuals⁵ of whom 155,839 in 92 IDP sites. 26 IDP sites in the capital Bangui are hosting over 49 000 people. 36,000 people are still considered at risk, with restricted freedom of movement impacting their livelihood. These persons are mainly from minority groups and live in seven localities: Boda, Carnot, Yaloke, Berberati, Dekoua, Bouar and in Bangui's PK5 area. While representing more than 70% of the estimated total displaced population, over 284,000 IDPs off site have only limited access to humanitarian assistance. Due to the Boko Haram crisis, Cameroon hosts more than 190,000 IDPs⁶ in the Far North region. Among them, 51% are female, 49% are male and 61% of the overall are under 18 years of age. In Chad, population displacements by the Chadian army have been reported in the Lac region. As of May 2016 the UN Humanitarian Coordination Office (OCHA) counted 101 157 IDPs (gender-disaggregated data not available).

- Refugees: Chad is hosting the largest number of refugees (388,313, according to UNHCR⁷). Refugees originate from Sudan (306,741), CAR (72,816) and Nigeria (7,337).

⁵ Source: CMP (*Commission Mouvement de Populations*) – September 2016.

⁶ Source: IOM – International Organization for Migration.

⁷ UNHCR – United Nations Refugee Agency.

Overall 42% are adults and 58% are under 18; 56% of the refugee population is women, of which 69% are heads of households. The number of CAR refugees has increased in June 2016 with a new influx of around 5,000 refugees in Mbitoye in the South West of Chad. Cameroon currently hosts more than 331,000 registered refugees from CAR and Nigeria. About 158 400 are new CAR refugees that arrived since December 2013. Around half of them live in seven camps in the East, Adamawa and North regions, while the other half stays within host communities. 49 % of the new CAR refugees in Cameroon are women and 20 % are children. In addition, there are some 115 600 Central African refugees who were already in Cameroon before 2013. By 27 July 2016, UNHCR had registered 57,145 Nigerian refugees in Minawao camp, Far North region, 61% of them under 18 years and 53 % of them women. In addition, 8 800 refugees are estimated to live outside the camp, where minimal protection and assistance are provided. According to some reports, 66 000 forced repatriations have occurred since January 2016. As of June 2016, despite the volatile internal situation, CAR also hosts 11,473 refugees and 403 asylum-seekers, including a protracted figure of 4 812 Congolese refugees and 1 982 South Sudanese refugees. The most recent influx dates back from December 2015 with the arrival of around 4,230 South Sudanese refugees in the South-eastern village of Bambouti.

- Returnees: Chad experienced a large-scale return from CAR in 2013/2014. Some 91,383 individuals continue to live in four returnee sites close to the CAR border or with host communities in the South. Out of them, 52% are women and 57% are children. Lack of legal documentation and assets are the main constraints for their socio-economic integration. In CAR, an estimated 21,000 people have returned spontaneously from neighboring countries where they had sought refuge. A timid movement started in 2015 and has continuing at slow pace throughout 2016, though no consolidated figure or disaggregated data are available yet. 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. The spontaneous return of IDPs is slow but steady (number of IDPs reduced from 451,986 in December 2015 to some 384,000 in July 2016, despite new displacements occurring in parallel). In Cameroon, only limited information is available about the 39,850 returnees from internal displacements in the Far North Region. Small-scale returns of CAR refugees are also reported by UNHCR, but these movements have not been closely followed up.

People affected by food crisis and acute undernutrition

- Food crisis: In CAR, where 75% of the population relies on agriculture for food and income, the crisis has severely affected livelihood strategies and coping mechanisms. Crop production is still 54% lower than the pre-crisis average and keeps being affected by insecurity, which limits access to fields⁸. Overall, 1,787,560 people (36% of the population) are in need of assistance, 446,119 of them are in emergency Phase 4 (IPC), all in rural areas⁹. Rural populations have seen an increase in their vulnerability compared to November 2014, while the situation is slightly improving in Bangui. Widespread insecurity and conflict have impacted on transhumance trends and pastoralists' livelihoods, fuelling conflict potential between pastoralists and farmer communities.

⁸ GIEWS Country Brief, June 2016 - <http://www.fao.org/giews/countrybrief/country.jsp?code=CAF>.

⁹ IPC, Cadre Intégré de classification de la sécurité alimentaire : Analyse de la situation de l'insécurité alimentaire Décembre 2015 à Juin 2016.

In Chad, according to the latest Cadre Harmonisé analysis, six regions are ranked in food crisis situation (IPC phase 3) and 12 regions in IPC Phase 2 (stress). It is estimated that in 2016, 1,052,000 people require emergency food assistance.

In Cameroon, the Northern regions face the same situation as the entire Sahelian sub-region. Conflict in Nigeria and the subsequent border closure have had heavy consequences on local livelihoods. 1,900,000 people are at risk of food insecurity and 200,000 require emergency food assistance in Cameroon for the period June-August 2016.

- Severe Acute Malnutrition: In Chad, the 2015 Smart Survey revealed a SAM rate of 2.6 %, with 11 out of 23 regions having SAM rates above the emergency threshold. Overall it is expected that some 200,000 SAM children will be admitted to health facilities across the country in 2017. This constitutes an increase of 25% as compared to 2015. In Cameroon, populations in the Far North region were already suffering from chronic under-nutrition prior to the Boko Haram crisis. According to the 2015 SMART survey, the SAM rate is 2.2%, i.e. exceeds the emergency threshold. The current crisis thus aggravates an already difficult humanitarian situation. In CAR, the nutrition situation is clearly linked to a lack of access to health care. Rapid assessments conducted in some humanitarian "hot spots" show a degradation of the nutritional situation. Given the protracted state of crisis, severe acute undernutrition might be on the rise again in 2017.

Vulnerable people affected by natural disasters or epidemics

Cameroon, CAR and Chad are highly exposed to epidemics and to natural disasters, notably floods and drought. In Cameroon 250,000 people are estimated to be regularly affected by natural disasters in the northern regions; out of the current 190,590 IDP caseload in the country, some 32,000 have been displaced as a consequence of floods. In Chad roughly 60% of the national territory is desert, 25% falls in the semi-arid Sahel belt, while the remaining 15% approaches sub-tropical conditions but is subject to flooding. 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 recently in 2010, 2011, 2014 and 2015, Northern regions of Cameroon have experienced upsurges of cholera, with high mortality rates and a peak in 2014 (3,350 cases). In July 2015, some 52 health districts were affected by a measles outbreak which spread throughout Northwestern Cameroon. In Chad, cholera, malaria and measles are endemic diseases with recurrent seasonal outbreaks. A significant measles outbreak occurred in 2016 which required a rapid vaccination campaign in central and eastern parts of the country as well as in the Lake Chad Region. In CAR, due to collapsed health system, the entire immunisation programme depends on external aid, with logistics and security constraints hampering prevention activities. As a consequence, immunisation rates are extremely low. The surveillance system is also very weak. Therefore no accurate information on outbreaks is available. In August 2016, a cholera epidemic was declared and required the preparation of a national response plan involving government and humanitarian actors. The North of the country is often hit by meningitis, and rabies is well spread. In all countries, concerns have long lingered about a possible Ebola spread due to limited health surveillance capacities.

CAR Humanitarian Needs Assessment has been shared with the development actors in charge of formulating a five-year Recovery Plan¹⁰ which will be presented at the 2016 Do-

¹⁰ RPBA - Recovery and Peacebuilding Assessments

nors Conference on CAR. In Chad the development actors are continuously updated on the humanitarian situation and synergies between humanitarian and development programs are systematically sought. In Cameroon, humanitarian needs assessments are also regularly shared with development actors.

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 of children who have been subjected to violence, displacement and forced recruitment by armed groups. Protection issues are exacerbated by weapons proliferation, widespread insecurity, regular clashes between armed groups, a protracted political crisis, and chronic poverty. Some communities were targeted for economic and social reasons, but the attacks were perceived as linked to religious affiliation, with the disastrous consequence of accentuating the inter-communal divide along religious lines. Tensions continue to arise in parts of the country, generating new waves of displacement. Peaks of violence are recurrent between farmers and herders during the transhumance period. As of mid-2016, seven enclaves are still recorded in country. 60,000 gender-based violence (GBV) cases were reported in 2015, out of which 29,000 sexual violence. Between 5,000 to 7,000 children were recruited or utilised by armed groups during the conflict out of which 76% boys and 24% girls. 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 temporary camps in Chad and Cameroon. In the area affected by the Boko Haram crisis in Cameroon, compliance with International Refugee Law, and in particular the Nigerian refugees' right to asylum and to non-refoulement, are at stake. There is still only one registration point in the entire Far North Region. For all displaced persons (refugees and IDPs) the loss of documentation and the high percentage of family separations are a direct consequence of their forced flight. Psychosocial trauma, violence, including gender-based violence (GBV), unsafe or undignified coping mechanisms (such as transactional sex), have been also observed. In Chad, refugees have limited rights to move freely inside the country. UNHCR is leading advocacy for basic rights, making some progress regarding Sudanese refugee children. Nevertheless, challenges are significant as some 38,000 children still remain without birth certificates. Returnees from CAR with no family links in Chad are still highly vulnerable and remain at risk of being stateless. The government's returnee reintegration plan remains unresourced. With IHL violations becoming more likely in warfare areas of Cameroon and Chad, protection of civilians becomes an issue. Recurrent incursions from Nigeria are making civilian casualties among local populations, while the overall climate of insecurity may trigger the eruption of local conflicts.

Based on IHL, human rights and refugee law, further advocacy and humanitarian diplomacy interventions are needed to secure effective access to the most vulnerable population affected by the conflicts and ensure the delivery of sustainable coordinated and principled humanitarian assistance, while ensuring centrality of protection.

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 capacity, 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 coherence and complementarity with different EU instruments supporting healthcare. The Sahel belt of Cameroon and Chad, as well as the western and southern regions of Chad continue to suffer from low vaccination coverage and poor avail-

ability/access to primary healthcare. In Chad, according to the 2014/2015 Demographic and Health Survey (MICS/DHS), the mortality rate among children under five remains very high: about one in eight children dies before reaching the age of five. Only 1% of children are exclusively breastfed and only 25% under two years have been vaccinated. 78% of women do not have access to post-natal services. Chad's population is exposed to high incidence of diseases with epidemic potential. Some 200,000 SAM children will require urgent treatment in 2017. In the Far North region of Cameroon, UNICEF estimates that about 177,000 children under five years will be affected by undernutrition in 2016, 43,000 of them by a severe form of malnutrition.

Food assistance and livelihoods - Limited access to agricultural fields linked to security constraints, 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. In CAR, the latest IPC exercise (December 2015 to June 2016) shows that the situation remains of concern in the West, North, Center and South-East due to worsening security situation. Displaced people in host communities or in sites and people in enclaves continue to represent the most vulnerable populations.

In Chad, overall, the rainy season delivered more water than in 2015 but rainfall has been erratic in pattern and at times intense and destructive to the poorly managed agriculture. Following the 2015 increase, food prices are rather stable with the exception of the Lake Chad region where a slowdown in trade with Nigeria is observed. In Cameroon, a survey conducted in April 2016 showed that 70% of the CAR refugees intend to stay in Cameroon as long as the situation in CAR remains volatile. The majority of them has no income and depends entirely on humanitarian aid. Strengthening their livelihoods, self-reliance and resilience are thus priority needs. As 50% of the new CAR refugees are in host villages, pressure on local resources is high, and there are risks of tensions with host communities. In the Far North, Boko Haram-related violence has exacerbated the fragility of this 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. In this context, 1.9 million people are at risk of food insecurity in 2016.

Water, Sanitation and Hygiene (WASH) - In CAR, basic WASH services need to be re-established, pending a comprehensive and longer-term approach to tackle structural problems. Only the 22% of the urban population in the country has access to potable water through a distribution network. Infrastructure is old and poorly maintained (productivity is only 50%). More than 70% of the population in Bangui still uses unsafe water. In rural areas only 34% of the people have access to protected water points (boreholes and improved spring sources). People living in the bush have little or no access to water and sanitation. 94% of the rural population does not use latrines¹¹. IDPs living on sites are facing acute WASH needs. Chad has only 50% water access coverage rate and 12% sanitation coverage rate at the national level. In displacement settings, access to local water sources and sanitation is still insufficient including for the host communities. In Cameroon, access to water is standard-compliant within CAR refugee camps, while efforts to fill existing gaps in sanitation infrastructure should be pursued, along with hygiene promotion. In the Far North, access to water and sanitation in Minawao camp is still an issue due to technical and administrative constraints compounded with continuous arrivals since the beginning of 2016.

Shelter and Non-Food Items (NFIs) - In CAR, shelter and NFI needs are related to displacement dynamics. Emergency assistance is still needed for newly displaced and return-

¹¹ HNO - Humanitarian Needs Overview 2016.

ees, while the greatest challenge in protracted displacement sites are the deteriorating living conditions. Assistance needs to return and/or to rebuild are increasing. In Southern and Western Chad, there is still a need to provide more protective shelters to Nigerian and CAR refugees. In Cameroon, the demand for new NFIs for both Nigerian and CAR refugees is constant. NFI needs of IDPs in the Far North are crucial.

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, an increasing trend of attacks on humanitarian actors has been registered since May 2016. Security is still a real issue in the Far North of Cameroon. Recent improvements have, however, allowed access to vulnerable populations who had been out of reach up to now, which may allow providing them with humanitarian assistance. Humanitarian air services to access the Far North Region of Cameroon and the entire Chad will remain essential.

Coordination, advocacy and communication - The complex nature of the conflict in CAR in the context of an international military intervention and a United Nation's Peacekeeping Operation requires proper coordination and proper understanding of civil-military coordination guidelines. Presidential elections completed successfully in March 2016, thus, Government and international community are setting in place structures and mechanisms aiming to articulate assistance from emergency to recovery and development, which will imply complex coordination. Cooperation between different actors in the framework of the ongoing RPBA (Recovery and Peace-Building Assessment) as well as in the EU-led Joint Programming is ongoing. The spill-over effect of the CAR and Nigeria crises in neighbouring countries makes humanitarian coordination essential also in Chad and Cameroon. In these two countries, advocacy will continue to be needed in respect to the LRRD¹²/resilience/AGIR¹³ agenda, as food insecurity and undernutrition are of a chronic nature and mainly related to structural under-development, now compounded by conflict. Advocacy will need to be supported by appropriate visibility and communication initiatives at national and international level. Concerted efforts to advocate for principled actions will be required, including in respect to possible repatriation or (re)integration options for the displaced in the region, as well as regarding forced relocation. Expulsions of foreigners with no status determination will also require advocacy. In Cameroon, efficient coordination of the humanitarian response is still an issue, particularly in the Far North Region. Civil-Military Coordination should be urgently improved in the Lake Chad area, 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 populations 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.

Education in emergencies - The spillover effects of the CAR conflict in Cameroon and Chad, and the continuous violence perpetrated by Boko Haram on civilians in the Lake Chad area have affected children's school attendance dramatically. These acute crises, an

¹² Linking relief, rehabilitation and development (LRRD).

¹³ Global Alliance for Resilience Initiative –

http://ec.europa.eu/echo/files/aid/countries/factsheets/sahel_agir_en.pdf

aggravating factor in contexts of structural scarcity of schools and teachers, have caused large disruption in education services in all areas affected. Massive displacements of people, particularly women and children, have hindered access to basic social services, including education, and increased protection risks for children. The situation is particularly severe in CAR, due to the country-wide nature of the conflict: in CAR one-third of school-age children are out of school, according to UNICEF, and one-quarter of schools are still shut. Education in emergencies needs to be supported in areas affected by complex crises where the percentage of out-of-school children is particularly high, there are grave child protection concerns and where longer-term sources of funding are limited or not yet available.

3. HUMANITARIAN RESPONSE

1. National / local response and involvement

In CAR, the newly elected government has showed its interest in having a central role in coordinating international response, namely in the framework of the RPBA initiative. Although still largely absent from the provinces, the government is slowly taking back its responsibilities, and it is seeking to re-centralise decisions in strategic recovery and development plans. While this willingness is in line with the development cooperation policy, it may have collateral effects on humanitarian interventions. In Cameroon, despite a long-standing tradition of refugee acceptance, the government has played an active role in the negotiation of a Tripartite Agreement with Nigeria and UNHCR for the repatriation of Nigerian refugees. Refoulements of unregistered asylum-seekers are reported to continue, the situation of Nigerian refugees living in spontaneous sites has not yet been addressed by the authorities, and the specific needs of IDPs and their host communities are still seen a minor issue. The government of Chad was very active in the early stage of the CAR crisis, taking the initiative to evacuate their citizens from CAR. With the stabilisation of the crisis, being returnees' basic humanitarian needs covered by external actors, the Chadian government led the elaboration of a Global Plan for Returnee Integration, but the implementation of such Plan is still lagging behind in 2016. The national Nutrition Policy has been adopted and initial efforts have been made to develop a Social Protection Strategy and resilience priorities in the framework of AGIR. However, due to lack in human and financial resources, and with limited political drive at the higher level, food and nutrition issues remain largely dealt with by the international community.

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 base and analysis of the magnitude of the crisis and identifies the most pressing humanitarian needs. Regional appeals such as 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 Chad, the humanitarian donor presence is very limited (mainly EU, France 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. In CAR, the level of both financial and human resources allocated by the international community has decreased since the lifting of L3 status in May and, thus, affected negatively the quality and quantity of the international response. The increase in

LRRD funding, notably through the EU Trust Fund for CAR (“Bekou”), in areas where humanitarian needs mainly result from structural problems, has been a step forward. In Cameroon the initial difficulties to attract international humanitarian actors and donors have been slowly overcome as the crisis magnitude became evident. The response towards CAR refugees in the camps is now structured, while in the Far North the increasing presence of humanitarian actors is expected to help scaling up the humanitarian response and attract more funding.

3. Constraints and ECHO response capacity

Limited resources available to face high chronic vulnerabilities, in a context of weak national/local capacities, represent a major challenge. The cumulative effects of different crises are a major constraint too. None of the three countries experiences outright denial of access. However, security and logistic constraints (particularly in Chad and CAR due to their secluded geography) result in high programme and structural costs and influence humanitarian access everywhere, although to variable degrees. Access is best in Chad, where there are a number of NGOs and UN agencies with absorption capacity; in 2016 the response capacity in the Lake Chad area also improved though the situation remains unstable and the risk of quick security deterioration is still present. In CAR, humanitarian access (including security on the axes and transport of humanitarian workers) remains globally difficult and uneven. Partner’s presence has increased since 2013 and the number of operational INGOs¹⁴ in country is now estimated at around 50. Their ability to deliver continues to be hindered by an extremely high staff turnover, by the dire security situation and by limited local capacity, which in some cases has led to reduce the geographical scope of interventions. An appropriate legal framework for INGOs is still awaited. In this context, administrative constraints are on the rise (e.g. difficulties in renewing collaboration conventions and in obtaining tax exemptions). The eastern regions bordering Sudan are among the least assisted. The Southeast in general remains difficult to access due to regular Lord's Resistance Army (LRA) attacks on villages. In Cameroon, response constraints are still linked to difficult access due to insecurity, and limited funding availability. 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 exploited where possible. Remote-management is not applied at this stage but community-based approach is encouraged when appropriate.

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

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

Man-made crises / Complex emergencies

The *acute needs* of resident, internally displaced populations 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, and coordination and logistics. Sudden movements of populations (returns included) may be addressed through multi-sectoral support, including through Rapid Response Mechanisms. In CAR, the response will be adjusted to the evolving needs, in a transition towards a post-crisis scenario where regular localised crises may still appear and in full

¹⁴ INGO - International Non-Governmental Organisation.

coordination with the activities financed by the EUTF for CAR as well as with development actors. The humanitarian response to address the urgent needs of recent refugees, including those living outside settled sites, and of their host communities will be continued and scaled up as per identified needs. Longer-term issues will be addressed on a transitional basis, where appropriate, in full coordination and complementarity with planned interventions by other EU instruments.

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 ECHO's gradual exit from this intervention setting.

Food and Nutrition crises, Livelihoods / Resilience-AGIR

Acute food and nutrition needs in the Sahelian regions will be addressed through timely and time-bound emergency response aimed to contain mortality, morbidity and malnutrition rates below emergency thresholds and support appropriate prevention measures, in keeping with the objectives of ECHO's Sahel strategy¹⁵. 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 (PLW). At the same time, support will be provided as appropriate to strengthen livelihoods and help build the resilience of the most vulnerable. Thereby, disaster risk reduction considerations will be mainstreamed.

In Chad, ECHO's strategy will focus on the implementation of the advocacy points of the Resilience/AGIR agenda, i.e. nutrition/health and social safety nets by stepping up LRRD-oriented interventions in a shared strategic framework with EU development aid within the precinct of the 11th European Development Fund (EDF) National Indicative Programme (NIP). Synergies with other financial instruments (notably the EUTF for Africa) will be sought in order to contribute to this goal.

In CAR priority will be given to immediate livelihood restoration measures and to the integration of health and nutrition, nutrition promotion, together with the active search of malnutrition pockets.

In eastern Cameroon, priority will be given to self-reliance initiatives for CAR refugees, while in the Far North region, livelihood restoration of displaced and affected local communities will be the priority.

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. For implementation, the most adequate transfer modality will be supported, including multi-purpose cash transfers as appropriate. To the largest extent possible, protection and disaster risk reduction concerns will be mainstreamed. Where relevant, the ECHO response should be sensitive to demographic growth. To the extent possible, transition from stand-alone humanitarian interventions towards complementary actions with development and national actors and instruments is sought to strengthen the resilience of the most vulnerable populations.

¹⁵ http://ec.europa.eu/echo/files/funding/decisions/2017/HIPs/west_africa_en.pdf

5. 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. ECHO will provide further support to meet the mounting needs of children in conflict affected contexts that are out of school or risk education disruption. Within this HIP project addressing education and child protection will be funded. ECHO will favour education in emergency projects in areas where the 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, complementarity and synergies with funding provided by the Global Partnership for Education.

Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

4. LRRD, COORDINATION AND TRANSITION

1. Other ECHO interventions

Under the 2016 HIP, Chad had an allocation of EUR 34,800,000. A later allocation of EUR 15,000,000 drawing on 11th EDF was granted in order to mitigate the consequences of the food insecurity and nutrition crisis in Sahel related to the El Niño phenomenon. EUR 300,000 were furthermore allocated through the 2016 Emergency Tool Box HIP for a measles vaccination campaign.

Under the 2016 HIP, Cameroon had an initial allocation of EUR 11,000,000. An additional allocation of EUR 2,000,000 was made under the 2016 HIP to address the outstanding needs of populations affected by Boko Haram's violence. Throughout 2016 ECHO humanitarian operations in Cameroon also drew on EDF funds released in late December 2015 (EUR 5,000,000 to address the impact of El Niño in the Far North Region and EUR 3 000 000 for assistance to CAR refugees in Eastern Cameroon).

Under the 2016 HIP, CAR had an initial allocation of EUR 17,000,000. Throughout 2016 ECHO humanitarian operations in CAR also drew on EDF funds released in late December 2015 to address the impact of El Niño (EUR 3,000,000). Furthermore, in Chad and Cameroon, the EU Children of Peace initiative allowed implementing projects in the field of Education in emergencies for a total amount of EUR 4,000,000.

In 2017, 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 services/donors availability

In Chad, donor coordination remains complex, all the more so since key players (USAID¹⁶, SIDA¹⁷) are not based in the country. The Humanitarian Response Plan (HRP) 2016 was

¹⁶ USAID - United States Agency for International Development.

20% financed at the end of August (USD 541 000 000). Over the past five years, humanitarian appeals have been 55% funded, compared with 80% over the previous five years. In 2016, ECHO collaboration with DFID was further strengthened. An LRRD strategy for nutrition and food security is still expected to be developed through joint humanitarian/development programming under the 11th EDF National Indicative Programme. Nutrition interventions might be taken over by development funds through 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 CAR as of July 2016, USD 111 300 000 million have been allocated to humanitarian programming according to OCHA's FTS (21% of the SRP estimated needs, USD 532 000 000 requested). Besides the EU, the US (with USD 20.9 million) and Germany (with USD 15 9000 000) are the main bilateral humanitarian donors. The CERF and CHF remain important UN-managed instruments for humanitarian financing in 2016.

In Cameroon, donor presence has increased in 2016. BPRM¹⁸ stepped up its funding related to the spill-over of Boko Haram crisis while its funding towards CAR refugees through NGOs remained stable (USD 3,500,000). Canada has provided CAD 5,000,000 for Cameroon in 2016. Additional funding for the Lake Chad Crisis might be provided by DFID. France, through its cooperation agency (AFD), has launched the Lake Chad Initiative (EUR 5,000,000) while maintaining support to WFP and contributing to the reinforcement of health response in the Far North.

3. Other concomitant EU interventions

In Chad, following the spill-over of the CAR crisis and the inherent risk of destabilisation and radicalisation in the southern regions, an intervention of the IcSP¹⁹ was launched until July 2016. A second IcSP allocation started in June 2016 for the Lake Chad. It is expected that 11th EDF funds will become available by the end of 2017.

In Cameroon, an intervention supporting new refugees in camps and host communities regarding livelihood and resource management is ongoing under the EUTF Bekou. Two IcSP measures target the situation in the Far North by improving the resilience of local communities with income generating opportunities and supporting national efforts in disaster risk reduction/civil protection.

In CAR since December 2013, EUR 112,500,000 have been allocated to the CAR crisis by the EU and an additional EUR 187 million have been engaged through the 10th EDF. The IcSP provided another EUR 20 million for media, dialogue and reconciliation activities. The EUTF Bekou committed EUR 152 million for LRRD. Further complementarity and coordination between humanitarian and longer-term interventions financed by the EUTF Bekou will continue in Central African Republic. Moreover different ongoing exercises (and in particular RPBA exercise) seek to reinforce donor coordination in the implementation of long-term interventions. These initiatives are very positive, although there is a risk of overstretching the government capacity to coordinate and follow them up.

¹⁷ SIDA - Swedish International Development Cooperation Agency.

¹⁸ BPRM – United States Bureau of Population, Refugees and Migration.

¹⁹ IcSP- Instrument contributing to Stability and Peace.

In 2017, complementarity and coordination between humanitarian and longer-term interventions financed by the EUTF for Africa ("European Union Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa") will continue to be sought in Chad and Cameroon. As ECHO contributes to the resilience objective of the EUTF for Africa, joint identification of relevant resilience actions funded by the EUTF, already undertaken in 2016, will be pursued with a view to achieve a positive impact on joint ECHO/DEVCO resilience and LRRD initiatives in the region, including AGIR.

4. Exit scenarios

Exit scenarios are covered, as applicable, under section 4.3.