HUMANITARIAN IMPLEMENTATION PLAN *(HIP)* 2021
WEST AND CENTRAL AFRICA

AMOUNT: EUR 252 032 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of the financing decision ECHO/WWD/BUD/2021/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). It targets eight countries in West and Central Africa (WCA): Burkina Faso, Cameroon, Central African Republic (CAR), Chad, Mali, Mauritania, Niger, and Nigeria. The HIP may also respond to sudden or slow-onset new emergencies in Benin, Cabo Verde, Equatorial Guinea, Ivory Coast, Gabon, the Gambia, Ghana, Guinea, Guinea Bissau, Liberia, São Tomé e Principe, Senegal, Sierra Leone and Togo, should important unmet humanitarian needs emerge.

The purpose of the HIP and its annexes[1] is to serve as a communication tool for DG ECHO[2]'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Fourth modification as of 8/12/2021

Some 5.4 million people are currently in food crisis in Burkina Faso, Mali, Niger and Mauritania, which is a record high for this period. Major funding shortfalls forced WFP to cut rations and reduce by half the number of people assisted during the lean season. For the four countries, initial estimates for 2022 point to an even grimmer food security situation, while WFP is reporting a critical gap in the funding pipeline.

In order to respond to the newly identified needs, an additional amount of EUR 15 000 000 will be allocated from the Operational Reserve. These funds will contribute to scale up life-saving assistance to the most vulnerable people in need – mainly conflict-affected, displaced persons and/or other vulnerable people who face acute food insecurity – with a focus on food assistance, nutrition and related multi-sectorial responses. The funds will also contribute to an early response to the most acute needs already identified for 2022. The additional funds will be used to reinforce and extend ongoing actions in the most affected areas according to priority needs.

Third modification as of 07/05/2021

The overall situation of food insecurity is deteriorating fast in a large number of African countries with pre-existing humanitarian situations[3]. Out of 41 countries with populations (32 million people) in the extremely severe phase of Emergency (IPC 4), 33 (19 million people) are in Africa. Reinforcements of the existing responses will help to meet the basic

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[1] Technical annex and thematic policies annex

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

[3] Food Crisis Prevention Network (RPCA) March 2021

food needs of the most vulnerable groups. Northern Nigeria features among the highest alert levels. According to the current analysis, 3.2 million people are in crisis (IPC3) or emergency (IPC4) in the Northeast States of Borno, Adamawa, and Yobe (BAY). This is a 10% increase over the same period in 2020, when 2.9 million were in crisis or worse. Without additional humanitarian assistance in the conflict-affected BAY states, this number is expected to increase further to an estimated 4.4 million, another increase of nearly 38%, during the lean season between June and August 2021. In the Northeast of Nigeria, 20% of the population is in crisis or worse condition and there are risks of famine. In the Northwest and in Northcentral, in particular in the States of Kaduna, Katsina, and Niger, 3.1 million will be in crisis or emergency, an increase of 450% from the same period a year ago when the figure stood at 693 000 people. This number is projected to increase further to 3.8 million during the lean season, another increase by 23%.

Burkina Faso features also among the countries with a very worrying level of food insecurity: more than 2.85 million people will be in food crisis (IPC3) or food emergency (IPC4) as of June 2021, a 152% increase compared to 2019, and 32% compared to last year. The escalation is particularly striking in the IPC4 caseload: close to 345 000 people are in food emergency in 2021, representing a 1 248% increase compared to 2019, and 152% compared to last year. A worrying increase has also been recorded in the IPC2 caseload (4.7 million people in 2021, part of whom may fall in IPC3-4 without immediate assistance).

In Cameroon, at present, 285 995 people in the Far North and 1 268 972 people in the North West/South West (NW/SW) are in food crisis or food emergency (IPC3+). Projections show that the prevalence of food insecurity in both the Far North and NW/SW will increase from 20% in 2020 to 29% in 2021. In the nutrition sector, the upcoming 2021 Humanitarian Needs Overview targets 233 000 people in areas affected by the Lake Chad Basin crisis, and 194 000 people in areas affected by the NW/SW crisis.

In order to respond to the newly identified needs, an additional amount of EUR 27 000 000 will be allocated from the European Union's Solidarity Emergency Aid Reserve after approval of the relevant request by the Budgetary Authority. These funds will contribute to scale up life-saving assistance to the most vulnerable people in need – mainly conflict-affected, displaced persons and/or other vulnerable people who face acute food insecurity – with a focus on food assistance and related multi-sectorial responses.

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

Second modification as of 05/03/2021

A new and more severe food crisis is going to hit Chad, Mali, Mauritania and Niger, according to the latest projections[4]. In these countries, 2.45 million people are already in food crisis, and 4.25 million are projected to be in food crisis in June-September 2021. The estimates, however, might not be capturing the severity of the situation in full. The number of people in need has gone up by 4.4 million since May 2020, reaching 16.8 million people (+36%). Conflict and forced displacement are the main drivers of food insecurity across the region. The combined effects of sharp food security deterioration and COVID-19 impact (particularly on access and functioning of health services) point to more than 1.15 million

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[4] Food Crisis Prevention Network (RPCA) projections published in December 2020 - to be updated in March

under-five children affected by severe acute malnutrition in 2021 in the four countries at issue, with Niger and Mauritania recording a 15% and 32% increase, respectively. In order to respond to the newly identified needs, an amount of EUR 17 000 000 is added to the present HIP. These funds will contribute to address critical gaps in the humanitarian response by supporting multisectoral assistance covering in particular food security, health and nutrition, as well as reinforcement of Rapid Response Mechanisms, in order to maintain and scale up operations as necessary in the new scenario. Effective synergies with development programmes, ongoing and under preparation, will be proactively sought.

An amount of EUR 2 000 000 is furthermore added to this HIP to support urgent response to the needs of newly displaced populations, resulting from mounting instability in the Central African Republic (CAR). The escalation of post-electoral violence in past weeks has triggered rapid mass displacement and caused the country's main supply corridor to be blocked, generating major food shortages and a rise in staple food prices in the range of 30% to 40%. This new crisis - which has brought the total IDP caseload to 714 847 individuals and the refugee caseload to 756 412 individuals - occurs at a moment of particular fragility, due also to the effects of COVID-19 on trade flows and livelihoods of many households, and thus on food security. The additional funds will be used to support multisectoral assistance, including notably protection services, health, WASH, shelter, non-food items as well as food assistance for the affected populations, in particular new IDPs and their host communities, with specific attention to groups that have remained unassisted so far. Linkages with longer-terms programmes as well as advocacy and communication efforts aiming to mobilise international attention to the crisis will be pursued and stepped up as far as possible.

In parallel, on the basis of the current identified needs, an additional amount of EUR 1 000 000 million has been mobilised[5] to support the emergency response for the newly arrived refugees from CAR into the Democratic Republic of Congo (DRC), and for their host communities.

The assistance referred to in this amendment will be implemented through actions identified in the framework of the first assessment round for West and Central Africa.

First modification as of 17/01/2021

An additional amount of EUR 960 000 has been made available from a contribution in External Assigned Revenues from the Italian Ministry of Foreign Affairs and International Cooperation under the title of "Emergency Initiative to strengthen the humanitarian assistance to vulnerable populations".

This amount will be used in line with the overall objectives agreed with the Italian Ministry: to ensure the continuity of the Rapid Response Mechanism (RRM); continue the support to the functionality of the health system (health and nutrition response) and adaptation measures to COVID-19; ensure timely funding to prepare for the lean season food assistance in 2021.

An amount of EUR 72 000 has been made available through External Assigned Revenues (from an earlier contribution to a closed operation) from the Grand Duchy of Luxembourg. This amount will be used in line with the overall objective agreed with the Luxembourg Ministry of Foreign and European Affairs: to support an integrated response to the specific needs arising from the COVID pandemic in Mali with a focus on health and nutrition, as well as additional, indirect needs caused by the pandemic within vulnerable populations.

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[5] See DG ECHO HIP 2021 Great Lakes - ECHO/COD/BUD/2021/91000

Both amounts will be integrated and directly allocated to the first cycle of call for proposals.

1 REGIONAL CONTEXT

The WCA region, one of the poorest and most fragile regions in the world, continues to be affected by major protracted humanitarian crises driven by conflicts and exacerbated by food insecurity, undernutrition, natural disasters, epidemics and climate change. There are close to **40 million people** in need of humanitarian assistance across the region. The main conflicts and violence across the region affect the Central Sahel (Mali, Burkina Faso and Niger), the Lake Chad Basin (Nigeria, Niger, Cameroon and Chad), the Central African Republic (CAR) crisis with refugees in neighbouring countries, the Northwest/Southwest (NW/SW) provinces of Cameroon, and North Central and North Western Nigeria (with displacements into Niger)[6].

The outlook for the region is bleak with no substantial improvement in the short to medium term (see also chapter 2). Across the Sahel countries, a combination of expanding conflicts, inter- and intra-community violence, as well as climate change-induced shocks and epidemics, is leading to a significant deterioration of the humanitarian situation. In the areas affected by the two ongoing armed conflicts (Central Sahel and Lake Chad), as well as in the Northwest/Southwest provinces of Cameroon, the security situation is forecast to worsen in 2021. The spill over of the armed conflict in Central Sahel, from Mali to Burkina Faso and Niger, is rapidly intensifying, with a risk of going further South (Benin, Togo, Ghana and Côte d'Ivoire). Twenty million people live in conflict-affected areas in Burkina Faso, Mali and Niger. Additional forced displacements are expected, along with further reduction in access to basic services by conflict-stricken local populations. The ongoing crisis in the Central African Republic is one of the most neglected and protracted worldwide: 53% of the total 4.9 million population– is in need of humanitarian aid, which is one of the highest proportions worldwide. The presidential and parliamentary elections planned in late 2020-early 2021 will require close monitoring, as they might influence the country's stability hence causing new humanitarian needs of the country.

Humanitarian stakeholders are facing the combined challenges of delivering humanitarian assistance in an increasingly insecure context, while attempting to safeguard resilience gains in the region; furthermore, movement restrictions related to COVID-19 related have reduced their access to areas with vulnerable populations.

Beyond humanitarian aid and life-saving assistance, it is essential to promote an integrated approach[7] with longer-term development support to provide sustainable basic services and protection to vulnerable populations. To build resilience to recurrent and unexpected shocks, a humanitarian-development-peace nexus approach is necessary, building on the specific mandates of each instrument and on their complementarities. For WCA, a

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[6] Since 2019, there is growing instability in Northwest Nigeria fuelled by a combination of herders-farmers clashes, banditry, violence and cross-border criminality. This situation causes forced displacements including into Niger. There is a risk that the violence can become a new insurgency and that the humanitarian needs will increase further in this region already recording some of the worst health and nutritional indicators in Nigeria.

[7] 2018 Council Conclusions on the Integrated Approach to External Conflicts and Crises

principled approach and the absence of conditionality for the delivery of the EU humanitarian aid to the most vulnerable populations are crucial[8].

The COVID-19 pandemic is exacerbating needs in all sectors. The risks of worsening further socioeconomic conditions due to COVID-19 might increase by 135% the number of people in need of emergency food assistance until 2021, depending on the 2020 response and other potential risks like uncontrolled locust invasion and inadequate seasonal forecasts. Governments estimate a potential increase of 20% in the number of children affected by acute malnutrition in 2020 due to the combined effects of the pandemic on populations and services, and the impact of measures taken to contain its spread.

The vulnerability of the populations is very high in all targeted countries, as also shown in the table below.

Main risks & vulnerabilities	Nigeria	Chad	Cameroon	CAR	Niger	Mali	Burkina-Faso	Mauritania
INFORM Risk Index 2021[9]	6.5	7.3	6.6	7.8	7.3	6.3	6.4	5.4
Vulnerability Index	6.1	7.7	6.7	9	6.9	6.4	7.1	5.6
Hazard and Exposure	7.2	5.7	7.1	6.1	7.4	5.9	5.6	4.2
Lack of Coping Capacity	6.3	9	6	8.7	7.7	6.6	6.5	6.6
Global Crisis Severity Index[10]	3-4	4	3-4	4	3-4	4	4	2-3
Projected conflict risk	10	9.9	9.3	7.7	9.8	9.9	9.7	3.5
Uprooted People Index	8.0	8.8	9.3	9.7	7.8	7.3	9.2	6.6
Humanitarian Conditions	4.0	4.0	3.0	3.5	3.0	3.5	4.0	2.0
Natural Disaster Index	4.0	4.2	3.6	3.1	4.5	4.4	3.7	5.6
HDI Ranking[11] (Value)	158 (0.534)	187 (0.401)	150 (0.563)	188 (0.381)	189 (0.377)	184 (0.427)	182 (0.434)	161 (0.527)
Total Population (in millions)[12]	200.96	15.95	25.88	4.75	23.31	19.66	20.32	4.53

The World Risk Report and INFORM risk index classify WCA amongst the world's regions at highest risk of humanitarian crises and disasters caused by natural hazards, with

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[8] The "peace component" refers to conflict prevention, diplomacy, mediation, stabilisation, conflict resolution and peacebuilding at large with each type of actor tackling elements of it according to their mandate and comparative advantages. See also 2019 DAC Recommendation on the Humanitarian-Development-Peace Nexus

[9] INFORM is a global, open-source risk assessment for humanitarian crises and disasters

[10] http://www.inform-index.org/Global-Crisis-Severity-Index-beta

[11] Humanitarian Development Index (HDI) developed by UNDP (2019)

[12] World Bank data (2019)

5 countries classified as "very high" and 3 "high" risk class. Half of the world's top ten countries with the highest EPIDEMIC-INFORM Risk Index are in the WCA region, with CAR, Chad, Niger, Cameroon and Nigeria with a very high risk. Thirteen humanitarian crises categorized with a high level of severity and nine with a medium severity index are in the region (GCSI)[13].

Despite increasing needs, the response has remained under-funded over the last few years. DG ECHO considers the following crises as "forgotten": the CAR regional crisis (CAR, Cameroon, and Chad); the conflicts and violence in the Sahel (Burkina Faso, Mali, Niger) and the crisis in the North West/South West regions of Cameroon.

2 HUMANITARIAN NEEDS

2.1 People in need of humanitarian assistance
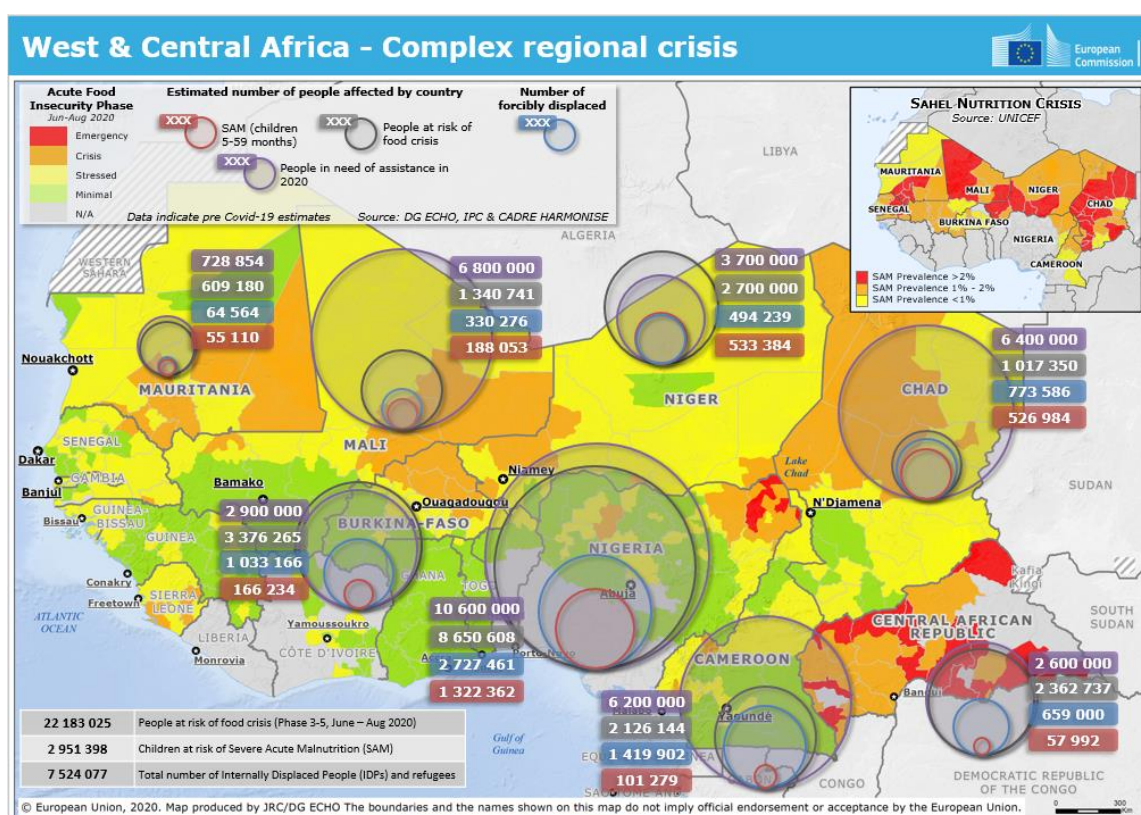
Humanitarian needs across the 8 targeted countries are massive and all indicators show a deterioration of the situation: the total number of persons in need is 39.9 million, compared to 26.9 million in 2019 (+48%); the number of food insecure people is 22.2 million, compared to 11.6 in 2019 (+92%).

Needs are on the rise in all sectors and countries. The main driver of this trend is the persistence of conflicts and violence. Combined with high fertility rates, the impact of climate change on natural resources and, lately, the COVID-19 pandemic, this dynamic is increasing the number of people in need. Conflicts and violence are also having knock-on

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[13] GCSI Global Crisis Severity Index or INFORM Severity Index is a composite index, which brings together 31 core indicators, organized in three dimensions: impact, conditions of affected people, and complexity.

effects, hindering access to social services and challenging humanitarian access and the delivery of humanitarian aid.

	People in need (HRP[14] post COVID)			IDP[15]s + refugees		
Pays	**2019**	**2020**	**2020 vs 2019**	**May 2019**	**September 2020**	**2020 vs 2019**
Cameroon	4,300,000	6,200,000	44%	1,160,724	1,419,902	22%
CAR	2,900,000	2,600,000	-10%	643,000	659,000	2%
Chad	4,300,000	6,400,000	49%	636,056	773,586	22%
Nigeria	7,100,000	10,600,000	49%	2,017,536	2,727,461	35%
Burkina Faso	1,475,689	2,900,000	97%	195,660	1,033,166	428%
Mali	3,900,000	6,800,000	74%	203,241	330,276	63%
Mauritania	695,252	728,854	5%	56,856	64,564	14%
Niger	2,300,000	3,700,000	61%	374,556	494,239	32%
Total	**26,970,941**	**39,928,854**	**48%**	**5,287,629**	**7,502,155**	**42%**

	Food insecurity (phase 3-5[16])			SAM[17] (children 5-59 months)		
Pays	**2019 lean season**	**2020 lean season**	**2020 vs 2019**	**2019**	**2020**	**2020 vs 2019**
Cameroon	1,093,528	2,126,144	94%	60,045	101,279	69%
CAR	1,809,109	2,362,737	31%	43,055	57,992	35%
Chad	640,874	1,017,350	59%	360,400	526,984	46%
Nigeria	4,997,836	8,650,608	73%	1,675,533	1,322,362	-21%
Burkina Faso	687,458	3,376,265	391%	133,066	166,234	25%
Mali	553,770	1,340,741	142%	156,461	188,053	20%
Mauritania	609,647	609,180	0%	31,682	55,110	74%
Niger	1,171,562	2,700,000	130%	380,166	533,384	40%
Total	**11,563,784**	**22,183,025**	**92%**	**2,840,408**	**2,951,398**	**4%**

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[14] Humanitarian Response Plan

[15] Internally Displaced People

[16] Cadre Harmonisé (CH) and Integrated Food Security Phase Classification (IPC). Level 3 (Acute Food and Livelihood Crisis) and above (Humanitarian Emergency and Famine / Humanitarian Catastrophe)

[17] Severe Acute Malnutrition

Based on extrapolations from DG ECHO-funded actions over 2019 and 2020, with the initial budget DG ECHO estimates to reach over 7 million people in WCA in 2021.

2.2 Description of the most acute humanitarian needs

2.2.1 Humanitarian protection

Coercion and deprivation are daily occurrences across population groups affected by conflicts. Protection of civilians is a major concern. Except in Mauritania, a sharp increase of alleged serious violations of human rights and IHL took place in the first half of 2020, including recruitment and use of children by conflict parties, abduction of civilians by non-state armed groups, and extrajudicial executions by armed forces. Violence, displacement and limited access to humanitarian assistance is leading to specific threats (including gender-based violence - GBV), the depletion of communities' protective capacities and the collapse of the overall protection environment. The lack of rule of law in many areas also increases intra and inter-community violence and perpetuates impunity. Some measures put in place by the authorities – for example imposing armed escorts in Niger and Nigeria and limiting the freedom of movement in parts of Nigeria – hamper humanitarian access and push the most vulnerable populations to rely on negative coping mechanisms. Protection needs differ for women, men, boys and girls. Women and girls suffer the bulk of sexual gender-based violence, while boys and men are at higher risk of forced recruitment by non-state armed groups. Children and the elderly are more exposed to the consequences of family separation. Armed actors at times target community leaders, teachers and students. People living with disabilities face specific barriers preventing them from accessing assistance and protection, and increasing their exposure to violence.

2.2.2 Food assistance

Acute food insecurity in WCA is mainly driven by armed conflicts and their consequences on household's access to the food system. Both forcibly displaced households and their host communities are affected. Growing insecurity also disrupts local food and trade flows, reducing livelihood opportunities. Having barely recovered from the 2018 acute food crisis, many vulnerable households are now affected by violence (e.g. Burkina Faso). In Northeast Nigeria, more than 4,3 million people are facing a food crisis or worse. People in need of humanitarian food assistance[18] face inadequate food consumption with gaps resulting in higher acute malnutrition (particularly for 6-23 and PLW[19]) and mortality rates. Food gaps are partially mitigated by employing negative coping strategies that ultimately threaten and further deplete livelihoods. Before accounting for COVID-19, an unprecedented burden of more than 22 million people were estimated in need of food assistance during the 2020 lean season in the 8 countries targeted by this HIP.

2.2.3 Nutrition

WCA is home to 11% of the world's children but accounts for 31% of global under-five deaths. An estimated 45% of infant mortality is associated with malnutrition. The most acute needs are linked to above emergency thresholds of Global and Severe Acute Malnutrition in children (GAM[20]> 10% and / or SAM > 2%) persisting in regions of all

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[18] IPC phase 3 and above
[19] Pregnant and lactating women
[20] Global Acute Malnutrition

countries covered by this HIP, as well as to high levels of maternal malnutrition resulting from widespread household food insecurity, high incidence of childhood illnesses, chronic poverty and very poor health systems. Recent assessments show a rapid deterioration of the nutritional status of children in populations affected by insecurity in Northern Burkina Faso, Central Mali, and in newly displaced populations in Nigeria, the Central African Republic and eastern and Central Niger. While the capacities of national health systems to manage SAM in some regions have increased, they remain limited and cannot always cope with the increased caseload resulting from shocks and severe lean seasons. In some regions, there has been a setback on progress made.

2.2.4   Health

Many countries in the region with chronically underfunded health systems are suffering from shortages of drugs and essential equipment, as well as a lack of qualified staff. The region has the lowest life expectancy at birth, and the highest infant and under-five mortality rates in the world, well above averages in Sub-Saharan Africa. The lack of access to quality health care results in very high mortality rates among the most vulnerable groups. Furthermore, due to insufficient vaccination and proper access to water and sanitation services, the region is regularly affected by epidemics such as cholera, meningitis and measles. Epidemics are more frequent than elsewhere, representing 38% of the epidemic events reported by the World Health Organisation (WHO) in Africa.

2.2.5   Wash, shelters and settlements

Regular and reliable access to safe water for drinking and shelters is a major challenge across the region, particularly in regions affected by conflicts and in IDP, refugee camps and settlements. An estimated 16,4 million people are in urgent need of access to water, sanitation and hygiene (WASH) and 7,4 million in urgent need of shelter and survival items[21]. The lack of clean water, and inadequate hygiene and sanitation practices, are identified as underlying causes of high mortality, under-nutrition and expansion of outbreaks. The lack of access to water also leads to conflicts between communities.[22].

2.2.6   Education in emergencies

Over 15 million children[23] are out of school due to major structural deficiencies combined with increased attacks on the education system (teachers and facilities). According to the revised Humanitarian Response Plans (HRP), 13 million children and education personnel are in need, of which 2.5 million are children directly impacted by conflict. Over 11,650 schools are closed due to insecurity[24], with Cameroon, Burkina Faso and Mali being the most severely hit. Children who are out of school or have little schooling are more exposed to protection risks - sexual violence, early marriage, early pregnancy, child labour and forced recruitment - and are less likely to break the vicious cycle of poverty.

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[21] OCHA

[22] WHO-UNICEF

[23] UNESCO Institute of Statistics. 2018-2019 data

[24] EiE Cluster monitoring March 2020. Burkina Faso experienced the highest number of reported attacks on education in the region in the first seven months of 2020, with over 40 reported incidents, including the arson and looting of schools and abduction, threats, or killing of teachers (see https://protectingeducation.org/wp-content/uploads/Central-Sahel-Paper-English.pdf)

2.2.7   Disaster preparedness

Vulnerable communities face a double threat: 1) the surge in armed violence on the civilian population and 2) more frequent, severe and unpredictable weather events like floods, droughts and extreme heat. This leads to a loss of livelihoods, decreasing incomes and resilience and reduced capacity for these communities to cope with shocks, making them also more reliant on assistance. The escalating displacements push more and more people in disaster prone areas. During the last 5 years, more than 11.5 million people[25] have been directly impacted by natural hazards. More than a million people have been affected by the recent floods. In order to save vulnerable populations' lives and protect their livelihoods, preparedness and rapid response mechanisms need to be strengthened.

3   HUMANITARIAN RESPONSE AND COORDINATION

3.1   National / local response and involvement

In **Nigeria**, the main national actors at federal level are the Ministry of Finance, Budget and National Planning, in charge of the coordination of development investment and the registration of international non-governmental organisations, and the Ministry for Humanitarian Affairs, Disaster Management and Social Development (FMHDS), created in 2019. The Nigerian Centre for Disease Control (NCDC) leads the response to the COVID-19 outbreak. The national response to the crisis in Northeast Nigeria is based on: 1) the Buhari Plan of rebuilding the Northeast, covering emergency assistance, social stabilization, protection and early recovery and 2) the National Economic Recovery and Growth Plan (ERGP), which represents the government's vision of sustained and inclusive growth for the period 2017-2020. The creation of the FMHDS and the recent constitution of different coordination platforms demonstrate the national willingness to take up the leadership role in relief response in the country. This willingness exists also at State level. In Borno State, a recent law established an Agency for Sustainable Development and Humanitarian Response to coordinate and support the provision of aid. Although increased national ownership of the relief response is welcome, some provisions of this law may delay the delivery of assistance and undermine the humanitarian principles.

In **Chad,** the "*Ministère de l'Economie et de la Planification du Développement*" as well as the "*Secrétariat permanent des organisations non gouvernementales et des affaires humanitaires*" play an important role in coordination with humanitarian and development organizations, but their resources and capacity represent a challenge. Nevertheless, the government has actively taken the lead in coordinating the response to the COVID-19 crisis and has developed a national response plan. A Crisis Management Committee facilitates communication between national and international partners. In the area of forced displacement, Chad is the only Comprehensive Refugee Response Framework (CRRF) roll-out country in WCA (joined in May 2018). The CNARR (*Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés*) is the main government partner for the management of refugees but plays also a growing role in the management of internal displacement. The national reference document concerning development policy is the "Plan national de développement" (PND 2017-2021), which is designed and implemented in a centralized way. In the Lac province, the "*Plan Provincial de Sécurité et de Développement de la province du Lac*" (PPSD) was developed with specific development objectives for stabilization, recovery and development. Challenges remain regarding the

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[25] EM-DAT, CRED / UCLouvain, Brussels, Belgium

food and nutrition crisis national framework and commitment, currently largely dealt with by the international community.

In **Cameroon,** government-led Humanitarian Coordination Centres (HCC) were set up to coordinate the humanitarian response to the complex crisis unfolding in the north west/south west (NW/SW) regions. The Ministry of Health has set up a specific coordination platform (*Centre d'Organisation des Urgences de Santé Publique* - COUSP) to enable Cameroon's health system to deal with the effects of the COVID-19 pandemic. A milestone in the local response to displacement was the signing of the 29 June 2019 Tripartite Agreement, which started UNHCR's coordinated and comprehensive cross-border programming on the voluntary repatriation of CAR refugees. The key strategic document for longer-term development is the Cameroon 2030 vision master plan. Actual coordination of the humanitarian response in the NW/SW with the HCC is challenging as movements of humanitarian personnel and cargo require prior approval. More effective civil-military coordination is needed, as well as faster government-led recovery and development programmes that address the underlying causes of violence.

In **CAR**, the government is responsible for the National Plan for Recovery and Peacebuilding (RCPCA - *Plan National de Relèvement et de Consolidation de la Paix en Centrafrique*). In response to the COVID-19 pandemic, the Ministry of Health and Population and its partners prepared a Response and Preparedness plan, on the basis of which a multidisciplinary rapid response team has been set up and a public health emergency operations coordination centre (COUSP) created. The prevailing insecurity and limited control over the country by the national authorities limit the implementation of the plan. Furthermore, the country does not have a national alert system to prevent disasters caused by natural hazards and national capacities in disaster management are very limited.

In **Burkina Faso,** the *Conseil National de Secours d'Urgence et Réhabilitation* (CONASUR) is in charge of the government-led system for emergency response to humanitarian crisis. The implementation of the 2019 national strategy for response to the IDP crisis is unclear and needs to be updated as displacements become protracted. CONASUR is responsible for the registration of IDPs, a key process for access to protection and social services. CONASUR has so far shown limited capacity to deliver assistance in a standardized manner. Most sectoral ministries have recognized the forced displacement crisis. In terms of disaster preparedness, the *Plan National d'Organisation et de Coordination de Secours d'Urgence et de Réhabilitation* (PNOCSUR), established in 2012, is obsolete. In response to COVID-19, the Ministry of Health prepared a national action plan. The authorities also adopted a socio economic response plan.

In **Mali**, the ministry for social welfare (*Ministère des Affaires Sociales et de la Lutte contre la Pauvreté*) is responsible for the coordination of the emergency response. A National Response Plan for Food Security is under the leadership of the Commissariat à la Sécurité Alimentaire (CSA), while the ministry of health prepared a national action plan in response to COVID-19. Sector-based coordination takes place at national and regional levels. The country is prone to frequent and massive disasters, primarily floods and droughts, but civil protection services as well as local governments lack response capacities, both in terms of response management and available or prepositioned support. Existing contingency plans are not effectively implemented, and local authorities tend to resort almost exclusively to international and local humanitarian actors.

In **Niger**, the main national actor is the Ministry of Humanitarian Action and Crisis Management (*Ministère de l'Action Humanitaire et de la Gestion des Catastrophes*

(MAH/GC)). The *Dispositif National de Prévention et Gestion des Crises Alimentaires* (DNPGCA), under the direct authority of the Prime Minister is tasked to elaborate a yearly plan (*Plan de soutien*) to cover the needs of people in nutrition and food insecurity and ensure its implementation in coordination with the international humanitarian community. The humanitarian strategy and its implementation plan are based both on the *Plan de soutien* of DNPGCA and on the UN driven Humanitarian Response Plan, which are jointly presented and signed off by the Government of Niger. A Nexus strategy is pursued by both the Ministry of Humanitarian Action and the *Haut Commissariat à l'Initiative 3N*, which embed both humanitarian and development policies and actors. The technical capacity of State services to address the food crisis has been strengthened over the last years thanks to EU funding as well as other partners', but the capacity to provide basic social services, including education, health, the provision of social safety nets and seasonal food assistance remains low. The deterioration of security and looting of humanitarian assets by non-state armed groups have led the Government to take administrative measures – in particular obligatory armed escorts in border areas with Mali and Burkina Faso – which have reduced the humanitarian space since October 2019.

In **Mauritania,** the leadership of relevant institutions (e.g. *Commissariat à la Sécurité Alimentaire*) is improving but remains insufficient, and still lacks effective coordination. The response primarily depends on international assistance and funding. The support from national authorities to the 60 000 Malian refugees is currently limited to security and ID card distribution. However, in December 2019, the Government made commitments in favour of local solutions for all refugees. This includes registering all refugees with the civil status services in order to allow them to obtain a national identification number; ensuring the inclusion of refugees in health services on the same basis as nationals and ensuring that refugees have the same conditions of access to the labour market as nationals. The government response to food insecurity and malnutrition only partially covers identified needs. In response to COVID-19, good collaboration of the Government with humanitarian and development partners, NGOS and UN agencies such as WHO and UNICEF have ensured relatively effective coordination through the establishment of an Incident Command System (ICS), community outreach /communication and infection prevention and control measures.

3.2   International Humanitarian Response[26]

In **Nigeria** the crisis in the Northeast is underfunded with only 39.2% of the HRP (USD 1.1 billion) covered. The main bilateral humanitarian donors are the United States with a focus on food security, health and WASH; the European Union and Germany, with a regional approach on the Lake Chad Basin. Sweden, The Netherlands, Switzerland, Canada, Norway, Belgium and the Country Pool Fund are other key humanitarian donors. The humanitarian donor group ensures close coordination on funding, minimizing risks of funding overlaps, and advocacy, including with the development donor group. The OCHA office in Maiduguri is central to ensuring coordination in the North-East, including civil-military coordination. Most of the focus is on Borno State, with limited information coming from Yobe and Adamawa States. Stronger civil-military and humanitarian access coordination is needed to better protect and assist vulnerable population.

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[26] Data as of end of September, 2020.

In **Chad**, USD 213 million have been allocated, which corresponds to 32% of the 2020 HRP. The humanitarian donor presence is limited (mainly USA, the EU, Germany, France, UK). CERF[27] funds are also regularly allocated. Among the actors of the humanitarian response are the main United Nations agencies, some fifty international NGOs, and as many national NGOs and the Red Cross Movement (ICRC and other organizations of the movement). Humanitarian coordination is ensured via OCHA and the cluster system, with varying quality across sectors. In Chad, donor coordination remains complex, as some key players (e.g. Food For Peace, OFDA[28], and SIDA[29]) are not based in the country.

In **Cameroon**, international humanitarian assistance plays a vital role in the response to the unfolding crises but only 38.6% (USD 103 million) of the 2020 HRP is funded. USAID is the first humanitarian donor, followed by the EU (with CERF, Germany, Sweden, the UK and Japan trailing behind as the main donors). Humanitarian actors are present in numbers in the Far North Region, but funding has decreased compared to 2018 and 2019. In NW/SW, the presence and capacity of humanitarian organizations is still limited, which may hamper the scale of the response. In Eastern Cameroon, only a few aid organizations are present and there is a steady decline in donor funds. The response in the East and in the Far-North is guided by the UNHCR Refugee Coordination Model (RCM), coordinating and delivering protection and relief services for refugees and host communities.

In **CAR**, 51% (USD 281.2 million) of the 2020 HRP (USD 553.6 million) is funded. The main humanitarian donors are the US, Germany, the European Commission and the UK. Coordination as carried out by OCHA remains essential for aid effectiveness. OCHA also implements the Country Humanitarian Fund (CHF). However, challenges remain among donors, as many of them are not represented in the country by a local office.

In **Burkina Faso**, USD 159 million have been allocated to the HRP corresponding to 37,5% of the amount required by the plan (USD 454 million). The main bilateral donors are the United States of America with a focus on food assistance; Sweden focusing on food, health, nutrition and the rapid response mechanism (RRM); Denmark on WASH, education and protection; the United Kingdom with food and nutrition; and France on food and health. There is also a central emergency response fund (CERF). Germany, Belgium, Japan and Norway are other key humanitarian donors. As needs are continuously increasing, donors have stepped up their financial support. A humanitarian donor group, co-facilitated by Belgium and Denmark, has been established at ECHO's initiative to find synergies around common priorities such as access, humanitarian civil-military coordination, protection and rapid response for the provision of shelters and NFIs, but also food security and health services. With the rapid spread of the humanitarian crisis throughout 2019, the Resident Coordinator has been made also the Humanitarian Coordinator; a Humanitarian Country Team (HCT) has been established; and 7 clusters activated, most of them having NGO co-leads.

In **Mali**, 37% (USD 174 million) of the HRP is funded. The ECHO office is part of a Good Humanitarian Donorship group with US, UK, CH, Sweden, and Spain. This group reports to the GEC (*Groupe Executif de Coordination*) which gathers all the international cooperation in the country along with the UN. The humanitarian architecture includes the most relevant clusters, except logistics, and is coordinated through a Humanitarian Country Team. Coordination also takes place at national and regional levels, around the multi-donor

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[27] Central Emergency Response Fund
[28] Office of U.S. Foreign Disaster Assistance
[29] Swedish International Development Cooperation Agency

rapid response mechanism. A multi-annual HRP has been published with the aim of supporting nexus approaches but a proper nexus strategy is still missing. Civil-Military Coordination and effective promotion of humanitarian principles need to be reinforced.

In **Niger**, USD 195 million have been allocated, which corresponds to 38% of the 2020 HRP (USD 516.1 million). Beside the main donors (USA, Germany, EU/ECHO and UK), CERF funds have been allocated regularly in 2019 and 2020 to compensate for the lack of funding available otherwise. There is a donor coordination group, which meets on a monthly basis. At national level, the standard humanitarian architecture, led by the HCT, is in place with clusters and inter-cluster coordination as well as a humanitarian Civil-Military Coordination mechanism, an Access Working Group and the RRM Strategic Group. The same architecture is being decentralized at regional level.

In **Mauritania**, there is no HRP. The EU remains the first donor, followed by the United Arab Emirates, the United States of America, the United Kingdom and the CERF. Coordination among actors is well organised and articulated with the national authorities around a yearly national response plan covering mainly nutrition, food assistance and refugees.

3.3 Operational constraints

3.3.1 Access/humanitarian space

Humanitarian access, based on the capacity of humanitarians to be recognised and accepted by communities and parties to the conflict as neutral, impartial and independent, is threatened by the blurring of lines between humanitarian aid and other agendas. Humanitarian organisations are also increasingly subject to harassment, violence and criminality. A significant number of affected people remain inaccessible and deprived of any assistance, in particular in Northeast Nigeria, North Burkina, NW/SW Cameroon and CAR. Dialogue with all conflict parties to increase humanitarian access and to advocate for protection of civilians needs to be pursued, and IHL dissemination ensured. A robust civil-military coordination is essential to safeguard a principled action. Insecurity increases the cost of delivery of humanitarian assistance due to the need for additional security management capacity and support services, including humanitarian air services. Finally, remote-management is to be only exceptionally applied.

In **Chad**, the legislation affecting NGOs since end 2018 has impacted the work of the international NGOs with significant implementation delays observed in 2019 and reduced funding in 2020. Dialogue with the authorities will continue to find a lasting solution and facilitate an efficient and principled humanitarian response.

In **Nigeria**, despite increased leadership from the Borno state authority in the coordination of relief response, some provisions of the law applicable to NGOs might delay and/or make the delivery of life-saving assistance more complex. These provisions may also potentially undermine the respect of the humanitarian principles.

In **Cameroon**, movements of humanitarian personnel and cargo require prior approval by the Humanitarian Coordination Centre set up by the national authorities. This creates delays and bureaucratic impediments in the timely deployment of humanitarian aid. More effective civil-military coordination is needed.

In **Niger**, the deterioration of security and looting of humanitarian assets by non-state armed groups have led the Government to take administrative measures – in particular obligatory armed escorts in border areas with Mali and Burkina Faso – which have been

unanimously refused by humanitarian actors and have de facto impacted the humanitarian space since October 2019. Although negotiation of humanitarian access remains possible with the Government and improvements have taken place in certain places, there has been no significant progress to access these border areas.

3.3.2 Partners' presence and capacity, including absorption capacity on the ground

Partners' implementation capacity is stretched, in particular in areas newly affected by insecurity. Options for international actors to work with local implementing partners exist but are limited. COVID-19 related restrictions, while slowing down some activities have not brought partners to a standstill. Partners have adapted their delivery modalities and Governments have granted permissions for humanitarian activities to continue with adapted protocols.

4 HUMANITARIAN – DEVELOPMENT – PEACE NEXUS

The commitment to implement a nexus approach among the different EU-services and like-minded donors and governments has already translated into tangible results. Examples include: in the context of recurrent food and nutrition crises, the adoption of an ECOWAS/ UEMOA/ CILSS[30]-led and EU supported resilience framework (AGIR initiative) that translated in improved synergy, coherence and effectiveness of resilience initiatives in the 17 West African and Sahelian countries; health-user fee exemption for under-fives and women as part of national health policies that resulted in immediate life-saving interventions and investments in piloting, research, sharing of best practices and strategic alliances/ advocacy.

In **Nigeria**, the EU has been operationalising the Joint Humanitarian-Development Framework since 2015 and Nigeria is now one of the six EU nexus pilot countries. On top of yearly humanitarian support, and since 2017, the EU has invested close to EUR 350 million in the Northeast through several instruments (EUTF, EDF[31], IcSP[32] and thematic lines) in close coordination with other nexus actors such as DFID, GIZ and the World Bank. While the main component of the package aimed to ensure early recovery (reconstruction, livelihoods, education and social protection) using the experience from humanitarian partners, the EU complemented this approach with disarmament, reintegration, reconciliation and peace-building at community level. However, with violence on the rise, the implementation of the nexus has remained challenging, with a steady decline in the provision of social services outside urban centres. Nexus opportunities exist in other geographical areas in the Northeast (Yobe and Adamawa) and/or in the Northwest.

In health and nutrition, for the next programming period, in the areas where both actors are present, humanitarian funding should focus on expanding the outreach of primary health care services, while development funds should continue reinforcing primary healthcare systems as well as secondary and potentially tertiary health care. Concerning food security, the discussion could concentrate on re-directing humanitarian funding for agricultural support (in light of bigger investment from development donors) towards more specific

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[30] ECOWAS : Economic Community of the West African States – UEMOA: Union Economique et Monétaire Ouest Africaine – CILSS: Comité permanent Inter-états de Lutte contre la Sécheresse dans le Sahel

[31] European Development Fund

[32] The Instrument contributing to Stability and Peace

issues, such as livelihood-related protection concerns and also increasing the use of cash transfers where it is safe and feasible. Opportunities for the nexus in education are linked to ensuring the transition of children from informal/temporary education, usually supported with humanitarian funding, to the formal education system. Additionally, in 2021, the ECHO Disaster Prevention (DP) budget line will be used to strengthen the shock-responsiveness of the existing federal and State-led social protection system. This will form an excellent nexus opportunity as the EUD is already investing in building social protection at national level.

Chad is also one of the six EU nexus pilot countries. Close coordination between development and humanitarian interventions has been underway since 2018 in the food security and nutrition sectors. As a result, three projects have been jointly formulated by DG DEVCO and DG ECHO on the inclusive development of areas hosting IDPs, on training for nutrition, and on the local production of complementary food for infants. Moreover, DG DEVCO and DG ECHO have contributed to the establishment of a unified social register –RSU– along with the World Bank, for a single humanitarian/development framework for population censuses. The review of the nexus in the framework of the programming exercise for the forthcoming MFF 2021-2027 period will include the feasibility of integrating crisis modifiers. DG DEVCO and DG ECHO will also consider the feasibility of focusing the nexus on the Kanem, the Bahr El Gazal and/or the Lake regions.

Cameroon is one of the UN pilot countries for the New Way of Working and the humanitarian-development-peace nexus. Under the EU Trust Fund for Africa, four actions for a total amount of EUR 37 million seek to promote resilience and youth employment in the Far North, and North regions, thus complementing DG ECHO operations in this area through small-scale infrastructure for the delivery of social services and livelihood support. The education sector in the Far North also benefits from linkages between humanitarian and development actors. Ongoing DG ECHO-funded actions have strong buy-in from the government and allow for a transition from non-formal to formal education for out-of-school children. The Youth and Stabilisation for Peace and Stabilisation focused on the Far North region project and funded by the IcSP is implemented by UNFPA jointly with UNDP and UNICEF. This is a good example of cross-donor and agency coordination for the implementation of the nexus.

Further opportunities could arise from dialogue and strong synergies with development actors, notably based on the Recovery and Peace Consolidation Strategy (RPCS) for Northern and Eastern Cameroon. The Special reconstruction plan for NW/SW, to be implemented by UNDP, may also offer new avenues for advancing the nexus approach.

In **CAR**, the nexus is put in practice via the Bêkou Trust Fund, with ongoing programmes in the areas of health, rural and economic recovery as well as reconciliation. Synergies can be further developed with other development actors such as the World Bank, Agence Française de development - AFD and USAID. In the sector of education, improved coherence and complementarity could be achieved with the Global Partnership for Education, Education Cannot Wait and the World Bank.

Some local initiatives have been implemented through the Working Group "solution durable". The objective is to have humanitarian and development donors provide simultaneous funding in a number of geographical areas based on agreed criteria. If successful, this could be replicated in other parts of the country. There is also an opportunity to link with some development actors (WB, AFD) for social protection and

safety net programming. New Team Europe initiatives on governance, peace and security and on sustainable and inclusive growth will also represent new nexus opportunities.

In **Burkina Faso**, strong collaboration within the EU has led to concrete nexus opportunities/programming gains, particularly in the areas of structural food and nutrition security and healthcare; but also to advocacy actions such as those around a new national IDPs strategy. However, some gains have been challenged due to increasing investments into security at the detriment of the humanitarian-development nexus. DG DEVCO is preparing, with DG ECHO's contribution, a Team Europe Initiative (TEI) on "Social inclusion for stability" to address the needs of IDPs and their host populations. Crucial synergies are continuing to build on existing DG DEVCO Budget support interventions in Food security, nutrition and on free healthcare for children under five, which bear influence on the making of public policies in those fields. The second phase of a DG DEVCO (EUTF) programme (EUR 36 million in 2020-24) in border areas with Mali to deliver resilience activities to targeted populations in a multi-sectorial approach. It will need to take into account the volatility of security conditions and actual presence of public services /civil servants to become an opportunity for nexus. On the "triple nexus", work is starting on operationalising a territorial approach, to facilitate better complementarity. While DG ECHO intervenes in hardly accessible zones with emergency humanitarian assistance, DG DEVCO helps strengthen the resilience of populations and reduce inequalities through better access to basic social services, development of sustainable social protection mechanisms, conflict prevention and management, and better control of demographic dynamics. DG DEVCO is supporting the creation of "Secure development and governance poles (PSDG)" for the internal security forces and social cohesion activities (as in Mali, see below). DG ECHO and DG DEVCO/FPI/EU Delegation are committed to ensure the distinction between military and humanitarian actions, in connection with the Civil-Military Coordination led by OCHA. The FPI (through IcsP) will be considering urban planning, employment and vocational training in communes affected by IDP-presence in the Centre Nord Region while aiming at pacific coexistence.

In **Mali**, since the 2017 UN Senior Transformative Agenda Implementation Team mission, humanitarian actors and main donors have worked on the nexus approach but could not establish an agreed strategy. Faced with the complexity of integrating the third dimension of security/peace, partners and main donors pragmatically agreed to focus on the humanitarian and developments components of the nexus. A local coordination mechanism, supported by the EU Delegation and DG ECHO, is now being relaunched on a sector basis (health & nutrition, education, WASH, food security and protection). DG DEVCO supports an integrated geo-localized approach at municipality level, which aims at implementing security, state return, and population resilience, in coordination with humanitarian actions funded by DG ECHO. Enhanced complementarity can be achieved between food assistance and longer-term programmes, for example a new DG DEVCO /EUTF programme in the Central Sahel in support of food security and nutrition through WFP (CRIALCES[33]), or in social safety nets funded by development actors through NGOs or implemented by the Government. DG ECHO and DG DEVCO could continue collaboration in heath/nutrition in future budget support operations based on what done on SANAD[34] (joint development of a nutrition indicator; inclusion of Ready Use Therapeutic

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[33] T05-EUTF-SAH-REG-24-01, CRIALCES - Réponse à la CRIse ALimentaire au CEntre Sahel : support nutritionnel et relèvement
[34] ML/FED/038-972

Food (RUTF) in the essential prescription drug list; integration in a minimal package provided in health centres). This synergy also improved the policy dialogue on nutrition. Similar synergies are missing in northern Mali, where since 2016, ECHO-funded integrated health and nutrition approaches *de facto* have been replacing state services, without development donors' support.

In Peace/Security, DG DEVCO is funding a EUR 15 million programme under the EU Trust Fund for the construction of "Secure development and governance poles (PSDG)" for the internal security forces, along with the provision of social services, or other micro-development activities for the neighbouring population[35]. This is an area where DG ECHO, DG DEVCO and the FPI are ensuring respect of the *do no harm* principle to prevent any perception issues for humanitarian operators and risks of association with the security forces, which may, in turn, reduce access to population in need and put humanitarian workers in danger.

In **Niger,** the EU institutional environment is conducive to making progress on nexus (Team Europe, integrated response in fragile areas) but the involvement of national institutions remains weak. Possible sectors of intervention in fragile areas include supporting basic social services; ensuring inclusiveness of national policies for non-nationals; protection of civilian population; roll-out of a national IDP policy; IHL. Priority geographical areas are Diffa, Maradi, Tahoua, and Tillabery. DG ECHO's funded actions mainstream the nexus approach. In health/nutrition for instance, the countrywide objective is to integrate SAM treatment in the national health system with increased financial support from long-term donors and increased investment from the Ministry of Health, as part of an integrated health/nutrition package benefiting from EU budget support, thus allowing humanitarian actions to focus on conflict-affected areas. DG ECHO and EU Delegation will monitor the implementation of a 2020-22 "Roadmap for the management of acute malnutrition by the State and partners". DG ECHO sees nexus opportunities also in the increasing institutionalisation of Community-based Management of Acute Malnutrition (CMAM) Surge and Health Surge approaches. Such approaches deserve to be better appropriated by development actors and the national side.

In **Mauritania** the nexus presents significant operational opportunities to gradually reduce humanitarian funding, given the chronic nature of the food and nutrition crises affecting the most vulnerable households. Inclusive national policies and development programmes are also required to address the needs of almost 60 000 Malian refugees hosted since 2012. In 2018, ECHO started supporting the setup of a strong and reliable government-led national scheme, linking early warning, preparedness, planning and response to shocks affecting food security and nutrition. This effort is anchored in a medium-term dynamic over 5 years and is seen as a key and concrete investment in the nexus. It is thereby actively supported by both humanitarian and development actors in Mauritania, including the World Bank. The development of the scheme benefits from a strong ownership by the institutions concerned and political buy-in by the government, as demonstrated by the involvement of the Prime Minister's Office in the steering of the project. ECHO and its partners who have a strong anchor with key national institutions involved in food security and nutrition are ideally positioned to support this effort and will continue to do so in 2021.

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[35] From the action fiche: « Dans chaque PSDG, il sera réalisé une évaluation de la protection sensible au genre, aux droits humains et au droit international humanitaire qui aboutit à des recommandations pour les détachements affectés »

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

5.1 Envisaged DG ECHO response

General considerations for all interventions

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

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

DG ECHO will release an operational guidance on its renewed approach to preparedness in January 2021, for the consideration of its partners as well. This document will be the result of an extensive consultation with partners on the key policy elements and operational modalities of the approach.

The response will be conflict-sensitive, placing protection at the centre of the humanitarian action and supporting HCTs' protection strategies. Accountability towards affected population, communication with communities and protection from sexual exploitation and abuse will be promoted.

DG ECHO promotes a needs-based approach that consistently integrates a risk analysis embracing the multiplicity of risks (conflict, climate change and epidemics amongst others) and their combined aggravated threats. The collection of actionable information and analysis about ongoing risk patterns (including through two-way communication with affected people) and communities' own capacity to act will be supported.

DG ECHO may support the delivery of more efficient humanitarian services, particularly in contexts where access is limited (e.g. humanitarian air and logistical operations, coordination mechanisms, information and security management).

DG ECHO supports the coordination of the humanitarian response to the respective crisis situations to maximise the impact and timeliness of the action. This includes civil-military coordination and humanitarian advocacy in line with humanitarian principles.

As for the countries where this is pertinent, the geographic focus of sector interventions is spelled out below. Regarding the Central African Republic (CAR), needs hence priorities are countrywide. For this reason, there is no reference to a specific region of focus. It remains for each partner to define their area of intervention in CAR.

At this stage, given the multi-dimensional crises in the region covered by this HIP, DG ECHO is planning to support a flexible multi-sectoral humanitarian response adapted to the complex and rapidly evolving context. At the time of drafting, no radical changes in sectoral coverage are envisaged compared to 2020, when the majority of DG ECHO's funding for Western and Central Africa supported food security and livelihoods, health and nutrition, wash and shelter, and protection.

5.1.1 Humanitarian protection

The response will also support humanitarian advocacy for increased protection of civilians, promotion of (compliance with) IHL and refugees law, and principled humanitarian actions. Results-based and integrated cross-sectoral approaches will be prioritised, such as but not limited to: a) preventing GBV and sexual exploitation and abuse (SEA); b) decreasing risks affecting children affected by armed conflicts, particularly in countries listed in the "EU list of priority countries on Children and Armed Conflict"; c) efforts to influence parties to the conflict to respect IHL, ensure the protection of civilians (including humanitarian workers and health personnel) and civilian infrastructure such as education and health facilities, and improve humanitarian access; d) disaster preparedness community based initiatives for self-protection in conflict-affected areas; e) referral systems for protection response by health and nutrition structures; and f) inclusion of psychological first aid into RRM.

In Nigeria, the Northeast and Northwest regions are the priority intervention areas. In Cameroon, the crises in the Lake Chad Basin and the North West-South West regions of the country should constitute the focus of ECHO interventions. In Chad, the Lake Chad region is the priority intervention area, as well as the East and the South of the country. Protection interventions are expected in all three Central Sahel countries as well as in the Malian refugee camp of M'Bera in Mauritania. For Mali, the North and Centre are priority areas. For Niger, Diffa, Tahoua, Tillabery and Maradi. Priority areas for Burkina Faso are the Sahel region, the *Nord, Boucle du Mouhoun, Est, Centre-nord.*

5.1.2 Food assistance

The most acute food needs of the worst conflict-affected communities, irrespective of their status (forcibly displaced, hosts and locals) will be addressed. The response is delivered in administrative areas with highest prevalence of phase 3+ of IPC[36] and where food gaps are not captured by IPC. Targeting processes will be promoted to identify prioritized localities and households based on the severity of food insecurity among the poorest (HEA[37]) not already otherwise assisted (national safety net included). While the household targeting process might contribute to the establishment of national social registries, those will only be used as entry points for targeting. The response will support food assistance that will consider a sound risk analysis including protection and conflict sensitivity. It will adopt the most appropriate transfer modalities (with cash as a default option) and delivery modalities to respond to the targeted food gap. The analysis of food gaps at household level will be considered to determine the size of the food basket enabling households to reach 2 100 Kcal/p/day for at least 3 months with an acceptable diet in quality and quantity, and according to their level of vulnerability. It will be adapted to the household size with solid verification mechanisms.

In Burkina Faso, Chad, Mali, Mauritania, and Niger, nutritional complements will be distributed alongside food assistance among targeted households with children below 2 and PLW. Vouchers for access to quality local enriched flours will be prioritised. In conflict-affected areas, early warning and response are encouraged while ensuring coherence and continuity with other food assistance. Livelihood support can be considered

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[36] Integrated Food Security Phase Classification
[37] Household Economy Approach

(co-funding encouraged) if fast and proven impacts on food (possibly also on protection) can be expected during the action timeframe and if there is a clear exit strategy.

In Nigeria, the Northeast and Northwest regions are the priority intervention areas. In Mauritania, the Malian refugee camp in M'Bera is a priority as well as the regions bordering Mali and Senegal in the South of the country. For Mali, the North and Centre are priority areas. For Niger, Diffa, Tahoua, Tillabery and Maradi.

5.1.3   Nutrition

Acute nutrition needs will be addressed to reduce excessive morbidity and mortality of children under 5 in areas where the GAM emergency threshold has been exceeded, where national capacities are insufficient, and/or in high-risk or shock affected areas. Responding to the acute nutritional needs of conflict-affected populations (internally displaced, refugees, returnees, host and local) where services are disrupted is a priority, in complementarity and coordination with health and protection services, and with a strong integration of WASH and food assistance. Actions should focus on emergency preparedness and response and, where appropriate, on strengthening the linkage between humanitarian action and development programming. Strategies should enhance local and national capacities to address SAM peaks in high-risk areas. Where the functionality of services is disrupted and significant gaps have been identified, partners are expected to develop appropriate strategies to maintain population access to adequate services (i.e. additional support even substitutive, mobile setup, etc.), while including also a clear exit strategy. Nutritional assistance should offer early diagnosis, treatment of acute malnutrition integrated in a minimum package of health care services and priority accompanying measures for children and mothers (i.e. preventive activities and maternal nutrition). Support could be provided to local, national or regional Rapid Response Mechanisms during acute nutrition crises. Coordination mechanisms orientated towards effectiveness, efficiency and inter sectoral integration will be considered.

In Nigeria, the Northeast and Northwest regions are the priority intervention areas. In Chad, interventions in the provinces of N'Djamena, Guera, Kanem will have priority. In Cameroon, the crises in the Lake Chad Basin and the North West-South West regions of the country should constitute the focus of ECHO interventions. Priority areas for Burkina Faso are the Sahel region, the *Nord, Boucle du Mouhoun, Est, Centre-nord*. For Mali, the Centre and North regions (integrated package health/nutrition). For Niger, Diffa, Tahoua, Tillabery and Maradi. For Mauritania, the M'Bera Malian refugee camp is a priority as well as the regions bordering Mali and Senegal in the South of the country.

5.1.4   Health

The main objective is to reduce excessive mortality and morbidity among populations affected by health crises and/or conflicts. Priority will be given to activities with the highest potential to save the most lives, prioritising support to health systems already in place and ensuring accessible primary and referral for conflict-affected populations whether they are displaced, refugees, returnees or host populations. Health interventions will systematically include appropriate links with the protection sector as well as care for victims of gender-based violence. Operations should respond to the needs of women and girls by offering comprehensive sexual and reproductive health care services, as well as mental health services. Given the high occurrence of epidemics in the region, timely response to epidemics remains a regional priority. Measures to strengthen existing Early Warning Systems (EWS) can be proposed. Partners must also indicate their capacity to intervene in the event of an epidemic. The significant disruption of health services that is being caused

by the COVID-19 pandemic needs to be mitigated both by urgently adapting operations or developing new practices in response to COVID-19, but also by including Infection Prevention and Control (IPC), WASH and waste management standards in health services. DG-ECHO's role within the Team Europe framework set-up for the response to the ongoing COVID-19 pandemic will build on existing complementarity with other EU instruments.

In Nigeria, the Northeast and Northwest regions are the priority intervention areas. In Cameroon, the crises in the Lake Chad Basin and the North West-South West regions of the country should constitute the focus of ECHO interventions. Priority areas for Burkina Faso are the Sahel region, the *Nord*, *Boucle du Mouhoun*, the *Est*, *Centre-nord.* For Mali, the Centre and North regions. For Niger, Diffa, Tahoua, Tillabery and Maradi. In Chad, the Lake Chad region will have the priority.

5.1.5   *Wash, shelters and settlements*

There is a need to improve access to safe water and to upgrade the management and sustainability of WASH facilities/services, notably by promoting self-reliance. Priority will be given to IDP sites, health structures, learning spaces, or in places with high human concentrations prone to the spread of epidemics. The provision of shelter and Non-Food-Items is essential for refugee/IDP camps or settlements from the onset of a response and especially for newly displaced populations. It is also necessary in certain cases for populations affected by natural hazards. The response may cover the supply of construction materials (in cash or in kind depending on the context), or direct support depending on the urgency of the situation and the capacity of the beneficiaries to build their shelters. Safer and smarter shelters are also elements to be considered.

In Nigeria, the Northeast and Northwest regions are the priority intervention areas. In Chad, interventions in the provinces of N'Djamena, Guera, Kanem will have priority.In Cameroon, the crises in the Lake Chad Basin and the North West-South West regions of the country should constitute the focus of ECHO interventions. In Burkina priority areas are the Sahel region, the *Nord*, *Boucle du Mouhoun*, *Est*, *Centre-nord,* particularly in areas with high concentration of IDPs. For Niger, Diffa, Tahoua, Tillabery and Maradi. For Mali, the Centre and North regions.

5.1.6   *Education in emergencies*

The primary target for EiE projects is hard to reach, forcibly displaced, out-of-school children (IDPs, refugees, returnees) in camps and in host communities, the latter's needs also requiring attention. Focus will be on reinforcing coherence and complementarity with other funding sources such as the Global Partnership for Education (GPE) and Education Cannot Wait (ECW). Partners will be required to present a clear mapping of ongoing actions. Currently, two EiE Programmatic Partnerships are part of the DG ECHO response described in this section. The responses will be contextualized and based on innovative and adapted solutions, which address the barriers to accessing education (socio, cultural, economic, gender, linguistic, statute…). Geographic, age and gender differentiated responses should be proposed beyond classical academic curriculum to encompass Social and Emotional Learning (SEL), all within a conflict sensitive framework. All actions must integrate a child protection component with a minimum of psycho-social support (PSS) and case referrals. Also considered will be the completion, consolidation and diffusion of the blended distance-learning packages that have advanced with the COVID-19 context. There is also a need for EiE actors to be reactive and DG ECHO has thus financed the Global Education Cluster to support countries in strengthening their rapid response

mechanisms. Local, national or regional EiE RRMs may also be supported. Professional and vocational training as such will not be supported, but looking at youth from a well-being perspective is encouraged (basic needs, life skills, work on basic literacy, etc.).

In Nigeria, the Northeast and Northwest regions are the priority intervention areas. In Cameroon, the crises in the Lake Chad Basin and the North West-South West regions of the country should constitute the focus of ECHO interventions. Priority areas for Burkina Faso are the Sahel region, the *Nord*, *Boucle du Mouhoun*, *Est*, *Centre-nord.* For Mali, the Centre and North regions. For Niger, Diffa, Tahoua, Tillabery and Maradi. For Mauritania, the M'Bera Malian refugee camp is a priority.

5.1.7 *Disaster preparedness*

Targeted stand-alone Disaster Preparedness (DP) actions will be supported under the dedicated DP budget line in all countries under this HIP except CAR. Where possible, support to Disaster Risk Management authorities will be included in addition to community-based interventions. Strengthened collaboration with development actors will be encouraged. Four priorities are identified: (i) risk-based and anticipatory actions such as risk assessments, EWS, contingency plans, as well as forecast-based anticipatory actions and financing including on epidemics; (ii) preparedness in conflict and fragile settings to build capacity for surveillance, warning, and protection as well as for integrating conflict sensitivity into disaster response; (iii) climate and environmental resilience to address specific climate-related challenges (ex. displacement) and greening humanitarian operations through environmentally friendly solutions; and (iv) urban preparedness to target specific challenges of crises in urban contexts. In addition, and as part of preparedness within the humanitarian response, support to RRMs will be provided if there is added value in terms of efficiency, effectiveness and timeliness of the response. This approach should integrate early measures to address access in hard-to-reach areas. These mechanisms should seek complementarity with existing coordination structures, while progressively handing over to national or local mechanisms when possible. RRMs in the region do not generally include a cash response but the inclusion of such a modality to meet multiple basic needs can be considered. DG ECHO strongly encourages its partners to build flexibility elements into their proposed actions to be able to respond to new and unforeseen needs and risks.

In Cameroon, the crises in the Lake Chad Basin and the North West-South West regions of the country should constitute the focus of ECHO interventions. DP and RRM interventions will be carried out in priority areas of Burkina Faso, Mali, and Niger (the second ones in areas with higher presence of IDPs). In Mauritania, DP interventions will be undertaken at national level.

5.2   Other DG ECHO interventions

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

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