

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

### **CENTRAL AFRICAN REPUBLIC, CHAD, CAMEROON**

AMOUNT: EUR 70 800 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2016/01000 (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 ECHO<sup>1</sup>'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document. This HIP covers the Central African Republic (CAR), Chad and Cameroon. 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 vulnerabilities of these countries.

#### **0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP**

##### **Third modification as of 25/08/2016**

At present, some 20 % of the population of the Central African Republic is still displaced, either internally or in the neighbouring countries. The situation of displaced populations remains dire and requires a solid response and engagement of the international community at a critical moment of the transition phase. Over the past few months, return of IDPs has slowly begun in several areas of the country. Special attention must be placed to this return process as areas of return are generally deprived of basic services and need support to accommodate returnees in appropriate conditions and without too many tensions within resident communities.

Land conflicts linked to secondary occupations are an increasing source of concern. Protection of populations continues to be a priority as well as fostering coexistence dynamics at the level of inter and intra communities. Besides, returnees and local populations are highly exposed to the risk of acute food insecurity and Severe Acute Malnutrition.

The consequences of the CAR conflict in Cameroon are still very tangible more than two years after the arrival of the refugees from CAR. Currently in Eastern Cameroon there are around 158 500 refugees from CAR who arrived since January 2014. Most of the refugees still rely entirely on humanitarian assistance to cover their basic needs. However, the level of funding dedicated to the provision of humanitarian assistance for the CAR refugees is insufficient to ensure a proper coverage of existing needs, due to competing humanitarian priorities in the country.

Support is critically required to address the humanitarian needs of CAR refugees while contributing to strengthen their self-reliance and reduce their dependence on humanitarian aid. It will also prevent them from a premature return to their country of origin, which may put their lives at risk.

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<sup>1</sup> Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)  
ECHO/-AF/BUD/2016/92000

To scale up the response to the CAR crisis both in CAR and Cameroon, an amount of EUR 6 000 000 has been added to the current HIP, out of which EUR 4 000 000 for CAR and EUR 2 000 000 for Cameroon.

In CAR, this additional contribution will partly be used to support proposals by partners with a solid operational experience in the country and which aim at addressing the humanitarian and protection needs of returnees – both IDPs and refugees- through a multi-sectorial approach encompassing food security, livelihood and shelter support, restoration of basic services in return areas, protection and emergency mediation activities in support of intercommunal pacific coexistence.

In Cameroon, the additional contribution will mainly be used to provide food assistance and livelihoods support to CAR refugees, using the most adequate transfer modality. The additional funds will be partly used to step up ongoing actions.

### **Second modification as of 22/07/2016**

An increased field presence and some recent improvements in access have enabled the assessment of needs of populations in areas previously not accessed by humanitarian assistance. These assessments have revealed additional emergency situations in all four countries affected by Boko Haram violence, prompting key partners to scale up their response to address the massive humanitarian needs of the affected populations.

In addition to the great number of IDPs and refugee populations in the region (IDPs estimated to be 2.6 million, refugees over 176,000) who are highly dependent on humanitarian assistance, the host and local communities are also increasingly affected, which is impacting their coping capacity. Staple food prices are reported to have increased by an alarming 30% to 50% in the region due to the disruption of regional trade exchanges. Special assistance to affected local communities is therefore also urgently needed.

The areas affected by the Boko Haram violence are part of the Sahel belt and suffer from recurrent droughts and long lean seasons. The recent massive displacements have compounded the structural food insecurity and chronic under-nutrition known in these areas, leading to over 6.7 million people requiring emergency food assistance in the four countries.

In order to reinforce the humanitarian response to the consequences of the Boko Haram crisis in Cameroon, an amount of EUR 2 million is added to this HIP.

In the last few months, the humanitarian consequences of the conflict between national armed forces and Boko Haram in North-East Nigeria and in neighbouring countries around Lake Chad, notably in Cameroon, have resulted in the further deterioration of the nutritional status of affected populations, as well as in increased protection needs. The Far North region of Cameroon currently hosts 65,103 Nigerian refugees and 191,591 internally displaced persons (IDPs), of which 158,490 fleeing Boko Haram's attacks.

The volatile security situation, with continuous violence on civilian populations and threats on humanitarian workers, has been affecting the delivery of humanitarian assistance, leaving critical gaps still unaddressed. In Cameroon, additional food security and livelihood support are critically required in the Far North over the coming months, enabling access to food by the most affected displaced and local populations, while reinforcing their resilience. Specific attention is required to the protection needs of

beneficiaries, with protection concerns to be integrated in all interventions. Support is also required to facilitate access.

The additional funding will be partly used to enhance ongoing actions.

### **First modification as of 24/05/2016**

In light of the education needs identified in emergency settings worldwide, and following Commissioner Stylianides' engagement to scale-up ECHO's financial support towards education in emergencies to reach the global target of 4 % and the additional contribution of EUR 26 million granted by the budgetary authority, an amount of EUR 1 000 000 has been added to the current HIP from the operational reserve.

This additional contribution will be used to support activities that enable safe access to quality education for boys and girls in ongoing conflicts, complex emergencies, other situations of violence and early recovery phases. Furthermore, it may support longer-term education activities in protracted crises and in refugee/IDP camps, as well as actions targeting transition to formal education systems.

In spite of the increased recognition of the important role that education may play for children and young people affected by crises, education in emergencies remains one the least funded humanitarian sectors. For boys and girls affected by crises, safe access to education can be lifesaving, protecting them from external threats and giving them a sense of normalcy. It can teach them important life skills, strengthen their resilience and restore their hope for a better life. As protracted crises in the world are becoming more prominent there is a risk of creating a "lost generation" if there is not investment in education in emergency at an early stage.

This additional contribution will be used to support education-related proposals already submitted under the 2016 CCC HIP.

## 1. CONTEXT

### *Overview of the main humanitarian challenges in the region*

CAR, Chad and Cameroon have in common structural weaknesses and significant exposure to natural disasters and epidemics. This results in chronic humanitarian emergencies and political fragility, a situation which has most recently been exacerbated 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 malnutrition rates close to or exceeding emergency. 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.

On ECHO's Vulnerability and Crisis Index score<sup>2</sup>, CAR obtains the most severe ranking, i.e. 3/3. Chad has also a Vulnerability and Crisis Index score of 3/3. Three simultaneous refugee crises in a context of extreme fragility and limited international aid, in particular a sharply decreasing donors' interest in the protracted Sudanese refugee situation, warrant this to be classified as forgotten humanitarian crisis. While the overall Vulnerability and Crisis Index score in Cameroon is 2/3, high humanitarian needs have been identified among the recently displaced populations in the East. In the Far North, local populations are affected by a food and nutrition crisis categorised as forgotten.

### *Acute complex emergency in the Central African Republic*

The situation in CAR took a dramatic turn following the March 2013 coup d'Etat, 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-defence (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 continue to afflict the population, threatening also humanitarian workers' lives. The UN integrated mission (MINUSCA) deployment comes in support of the political transition process, while promoting accessibility of long-secluded areas. Humanitarian needs remain very high, due to continuing protection threats, protracted and new population displacements, widespread destruction of homes, disruption of services and livelihoods and persisting weakness of State institutions. As of July 2015, 368 859 individuals are still displaced internally (IDPs) and the return process<sup>3</sup> is slow. IDP's and refugees' legal rights remain largely unresolved issues. More than 2.7 million people lack access to basic services and are in need of assistance.

### *Mixed protracted crisis in Chad*

Significant levels of food insecurity and undernutrition characterise the Sahelian belt of Chad, which has undergone repeated food crises in recent years as a result of erratic climate, failed harvests and soaring food prices. The country is furthermore vulnerable to natural hazards such as floods, droughts and epidemics. Poor households have to buy more than 87% of their food on the markets because of limited own production. The Global Acute Malnutrition (GAM) rate is 12.4% in the Sahel belt, with six regions above the Severe Acute Malnutrition (SAM) emergency threshold<sup>4</sup>. In 2015, according to the Cadre

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<sup>2</sup> See [http://ec.europa.eu/echo/files/policies/strategy/gna\\_2013\\_2014.pdf](http://ec.europa.eu/echo/files/policies/strategy/gna_2013_2014.pdf)

<sup>3</sup> Population Mouvement Commission (CMP), July 2015

<sup>4</sup> UNICEF SMART Survey 2014. Data collected in the immediate post-harvest season

Harmonisé (CH)<sup>5</sup>, 18% of the country's population (i.e. 2.4 million people) are food insecure. The closure of borders with Nigeria has disrupted local markets, with particularly negative effects in already vulnerable Sahelian regions.

#### *A fragile humanitarian situation in Cameroon*

Cameroon, a country with a growing economy that has been negatively affected by the falling oil price and the Boko Haram crisis, has made no real progress in reducing the prevalence of chronic malnutrition. The latter remains the underlying cause of 48% of deaths among children under 5. Another factor in mortality are infectious diseases, notably cholera. In 2015, displacements caused by intensified Boko Haram's attacks on civilian populations have compounded a growing food and nutrition crisis in the northern regions.

## **2. HUMANITARIAN NEEDS**

### 1. Affected people/potential beneficiaries:

Populations in CAR, Chad and Cameroon are affected by both man-made and natural disasters. In light of their vulnerabilities, affected people and potential beneficiaries can be categorised as follows:

#### *Conflict-affected people*

- Resident and Internally Displaced Populations: In CAR, the entire population of 4.6 million people is considered affected by the ongoing humanitarian crisis, with 2.7 million estimated as extremely vulnerable and requiring assistance. CAR hosts at present the largest number of IDPs, with some 368 859 individuals as of 16 July 2015, of whom only 141 452 in IDP sites. 30 sites in the capital Bangui are hosting 30 186 people. 32 000 people are still living in seven de-facto enclaves, under the protection of international armed forces. While representing 62% of the estimated total displaced population, over 227 400 IDPs off sites have only limited access to humanitarian assistance. Cameroon hosts 81 700 IDPs<sup>6</sup> in the Far North region, caused by the Boko Haram crisis. In Chad, forced population displacements by the Chadian army occur in the Lake region. In June 2015, IOM had registered 19 188 displaced (8 707 returnees and 10 481 IDPs).

- Refugees: Chad is hosting the largest number of refugees (378 604)<sup>7</sup>, who live in 21 camps run by UNHCR countrywide. This figure includes the approximately 66 228 CAR refugees who fled to Chad in 2004 and 2014, and 14 162 who came from Nigeria in 2014/2015. The number of refugees is expected to increase. Cameroon currently hosts an estimated 300 000 refugees from CAR and Nigeria. About 134 000 are new CAR refugees arrived since January 2014. 66 864 of them live in seven camps in the East, Adamawa and North regions, while 61 037 stay with host communities. These figures add to an old caseload of some 99 000 Central Africans. By 5 July 2015, UNHCR had registered 55 199 Nigerian refugees, of whom 42 712 in Minawao and Gawar camps. Some 12 000 refugees are estimated to live outside the camp, where minimal assistance is provided.

- Returnees: Chad was host to a large-scale return from CAR in 2013/2014 (some 105 000 people). The majority of them still lives in four returnee sites close to the CAR border, or with host communities in the South. Only 47 915 people - including Chadians with family links and third country nationals - were able to go back to their villages of origin. A new

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<sup>5</sup> Cadre Harmonisé analysis of March 2015 carried out by Ministry of Agriculture, SISAAP, CILSS. The classification is compatible with IPC (Integrated Food Security Phase Classification) v2.

<sup>6</sup> Source: UNHCR/IOM

<sup>7</sup> Source UNHCR Factsheet 31 October 2015 - subject to results of ongoing biometric exercise

challenge is the growing influx of returnees from Nigeria (8 700 as of June 2015). In CAR, a limited return movement is recorded.

*People affected by food crises and undernutrition*

- Food crisis: In CAR, where 75% of the population relies on agriculture for food and income, the crisis has severely affected livelihoods' strategies and coping mechanisms. Crop production is still 58% lower than the pre-crisis average and keeps being affected by insecurity, which limits access to fields<sup>8</sup>. Overall, 1 280 000 people are in need of food assistance, 7% of the total population is in IPC<sup>9</sup> phase 4 (347 756), and an estimated 15% in phase 3 (760 238 people). Widespread insecurity and conflict have impacted on transhumance trends and pastoralists' livelihoods, increasing conflict potential with farmer communities. In Chad, rural poor households ran out of own production as early as January 2015. With two regions ranked in food crisis situation (IPC phase 3) and 13 regions in IPC Phase 2 (stress), it is estimated that in 2015, 660 000 people require emergency food assistance during the lean season. Overall, the CH analysis identifies over 2.4 million food-insecure people in Chad in 2015. WFP EFSA (Emergency Food Security Assessment) of March 2015 evaluated 70% of households in North Kanem, 51% in South Kanem and 49% in Bahr El Ghazal as highly food insecure, linked to the Boko Haram crisis. In Cameroon, the Northern regions suffer from the same problems as all the Sahelian sub-region. The conflict in Nigeria and the border restrictions have heavy consequences on local livelihoods. 1 080 000 people are at risk of food insecurity in Cameroon, including 545 500 in the Far North.

- Nutrition crisis: According to the latest SMART survey, two regions in Chad are above the GAM emergency threshold of 15% (Kanem and Bahr El Ghazal), while six regions are above the SAM emergency threshold of 2% (Kanem, Bahr El Ghazal, Batha, Lac, Ouaddai and N'Djamena). In June 2015, a rapid SMART survey revealed an increase in the GAM and SAM rates in the Kanem region, following the border closure with Nigeria due to the Boko Haram crisis. In the Sahelian belt, the estimated number of children to be treated for SAM has been reviewed upwards in mid-2015 and is now anticipated to reach 154 400 children. In Cameroon the Far North region was already suffering from structural malnutrition prior to the Boko Haram crisis. The SAM rates reach now the 2% emergency threshold. The current crisis thus aggravates an already dire situation. In CAR, the nutrition situation is clearly linked to a lack of access to care. Pockets of malnutrition are reported in returnees getting back from the bush. Given the protracted crisis situation, acute malnutrition might be on the rise again in 2016.

*People affected by epidemics and by sudden or slow onset natural disasters*

All three countries are highly exposed to epidemics and to natural disasters. Gabon, Equatorial Guinea and Sao Tomé and Príncipe are also affected by slow and sudden-onset disasters. Since 1996 and recently in 2010, 2011 and 2014, northern regions of Cameroon have experienced upsurges of cholera with high mortality rates. In July 2015, some 52 health districts have been affected by a measles outbreak which is rapidly spreading through North-western Cameroon. In Chad, cholera and malaria are endemic diseases with recurrent seasonal outbreaks. Measles outbreaks are also recurrent. CAR is particularly at risk since a cholera outbreak has been declared in neighbouring South Sudan in mid-2015. Due to collapsed health system, the entire immunization programme depends on external aid, and logistics and security constraints hamper prevention. In all countries, concerns remain about a possible Ebola spread, due to limited health surveillance capacities.

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<sup>8</sup> GIEWS Country Brief, June 2015 - <http://www.fao.org/giews/countrybrief/country.jsp?code=CAF>

<sup>9</sup> Integrated Food Security Phase Classification

## 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. Protection issues are exacerbated by weapons proliferation, widespread insecurity, 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. Tensions have emerged in parts of the country, generating new waves of displacement. As of mid-2015, seven enclaves are still recorded in country. Violations of housing, land and property (HLP) rights are an obstacle to the return of both IDPs and refugees. Protection needs are also high in refugee and returnee sites and temporary camps in Chad and Cameroon. In Cameroon, the loss of documentation (59%) and the high percentage of family separations (38%) are a direct consequence of forced flight. Psychosocial trauma, general and gender-based violence (GBV), unsafe or undignified coping mechanisms have been observed among refugees. 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. Recent returnees from CAR with no family links in Chad are still at risk of statelessness. Despite a governmental reintegration plan<sup>10</sup>, returnees remain vulnerable due to lack of identity cards and limited income generating opportunities. With IHL violations becoming more likely in warfare areas of Cameroon and Chad, protection of civilians becomes an issue. Continuing incursions from Nigeria are making civilian casualties, while the overall climate of insecurity triggers the eruption of local conflicts.

*Health and Nutrition* - In CAR, the crisis has dismantled the already very fragile health structures, bringing the government service delivery capacity to a complete stop. Preventive activities, primary and secondary health care, all functional referral hospitals, early warning mechanisms and rapid outbreak response capacity and psychosocial support will remain essentially reliant on humanitarian actors. Currently 1.5 million people are assisted by 86 health cluster members. Access to free care will be key 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 availability/access to primary healthcare. Chad's population is exposed to high incidence of diseases with epidemic potential. The SAM caseload is increasing; admissions during the first trimester of 2015 were 70% of the total expected for the year. 154 400 under 5 children require SAM treatment. In Cameroon, 194 500 children are at risk of undernutrition, 64 570 of whom exposed to SAM.

*Food assistance and livelihoods* - Due to lack of full access, it is difficult to specify in detail the food security and livelihoods situation in CAR. However, it is expected that security constraints, massive population displacement and major logistic hindrances (will keep significantly hampering local agricultural production, ultimately resulting in high needs for food assistance and livelihood support. In Chad, rain water deficits are observed. Price hikes of 30% are noted for the main food items around the Lake Chad area, and a slowdown in trade with Nigeria, where 90% of cows were traditionally sold. The populations of Lac, Kanem, Bahr El Ghazal, Hadjer Lamis have been more affected by food insecurity and undernutrition, in connection with the Boko Haram crisis. 660 000 people are in need of assistance during the lean period and 300 000 are severely food insecure (CH phases 3 and 4). In Cameroon, no return intentions are reported among

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<sup>10</sup> Plan Global de réintégration socioéconomique pour les retournées Tchadiens, 2015-2019

refugees due to the uncertainty of the political process in CAR. Hence, there is a need to strengthen their livelihoods, self-reliance and resilience. As 50% of the new CAR refugees are in host villages, pressure on local resources is high, and tensions with host communities have been reported. Violence in the Far North 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. In this context, 1.1 million people are at risk of food insecurity.

*Water, hygiene, sanitation (WASH)* - In CAR, basic WASH services need to be re-established, pending a comprehensive and longer-term approach to tackle structural problems. People living in the bush have little or no access to water and sanitation. More than 70% of the population in Bangui still use unsafe water. 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 is a reason for conflict with host communities. In Cameroon, access to water is standard-compliant within CAR refugee camps but not in host villages. In the Far North, water availability in Minawao and Gawar camps remains an issue, mainly addressed through water-trucking. In all areas of intervention, efforts to fill existing gaps in sanitation infrastructure should be pursued, along with hygiene promotion.

*Shelter and Non-Food Items (NFIs)* - In CAR, shelter and NFI needs are related to displacement dynamics. Emergency assistance is needed for newly displaced, 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, almost all recently displaced population has been allocated adequate shelter as of June 2015, while there is still a need to provide more protective shelters to Nigerian and CAR refugees in Cameroon, especially in the camps. The demand for new NFIs by 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 January 2015. Security is a real issue in the Far North of Cameroon, preventing humanitarian agencies from conducting assessments or reaching affected populations. Humanitarian access is thus greatly relying on humanitarian air services.

*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. Confident that the transition phase will evolve favourably, Government and international community are setting in place structures and mechanisms aiming to articulate assistance from emergency to development, which will imply complex coordination. The spill-over effect of the CAR and Nigeria crises in neighbouring countries make humanitarian coordination essential also in Chad and Cameroon. In these two countries, advocacy will continue to be needed in respect to the LRRD<sup>11</sup>/resilience/AGIR<sup>12</sup> 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

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<sup>11</sup> Linking relief, rehabilitation and development (LRRD)

<sup>12</sup> Global Alliance for Resilience Initiative - [http://ec.europa.eu/echo/files/aid/countries/factsheets/sahel\\_agir\\_en.pdf](http://ec.europa.eu/echo/files/aid/countries/factsheets/sahel_agir_en.pdf)



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 the need to establish and maintain a civil-military liaison and dialogue (UN-CM Coord) remains acute in the Far North.

### 3. 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, resilience-building should be a key concern in this region, where very few resources are invested in disaster risk reduction by national and local authorities. Specific attention must be given to the evolution of the climatic phenomenon El Niño and its potential impacts in the region, in view of preparing an appropriate response to these shocks.

## 3. HUMANITARIAN RESPONSE

### 1. National / local response and involvement

In CAR, the transitional government has initiated different platforms of coordination but the turnover is high and coordination with humanitarian clusters is challenging. Although still critically absent from the provinces, the transition Government is slowly taking back its responsibilities and seeking to re-centralise decisions in Strategic Plans. In Cameroon, authorities have confirmed the country's traditional acceptance of CAR refugees and facilitated the identification of host sites. While a Government decision is still pending regarding the opening of a new site for Nigerian registered refugees, the situation of 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 Muslim citizens from CAR. With the stabilization of the crisis, almost all the basic humanitarian needs of the returnees being covered by external actors, the Chadian government led the elaboration of a Global Plan for returnee integration but the document was still in a draft status as of September 2015. 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

In Chad, the humanitarian donor presence is very limited (mainly EU, some EUMS and the US), 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 increased significantly, notably after the crisis was declared an L3 emergency. The lifting of L3 status in May 2015 may affect the level of funding and, thus, the response. More than 100 humanitarian actors are currently present in the field. However, the situation seems to be marked by an overall delivery problem, only partly linked to the still dire security situation. The increase in LRRD funding, notably through the EU Trust Fund for CAR (“Bekou”), in areas where humanitarian needs mainly result

from structural problems, is a main 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 more structured. Host communities have been assisted to a lesser degree. In the Far North, the humanitarian intervention is still challenging.

### 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 do hamper access to variable degrees in the three countries. Access is best in Chad, where there are a number of NGOs and UN agencies with absorption capacity; however, due to deteriorating security, humanitarian actors' implementation capacity in the Lake Chad area may be dramatically reduced or temporarily shifted to remote control mode. In CAR, humanitarian access (including security on the axes and transport of humanitarian workers) remains globally difficult and uneven. The Eastern regions bordering Sudan are among the least assisted. The South East in general remains difficult to access due to regular Lord's Resistance Army (LRA) attacks on villages. In Cameroon, response constraints are mainly linked to difficult access and still limited presence and capacity of humanitarian actors. In all three countries, the rainy season and poor road conditions might complicate the provision of assistance, especially in remote areas.

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

ECHO intervention strategy will address both the acute and the protracted 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 Annexed technical guidelines. The response will be adjusted to the evolving needs, in a transition perspective and full coordination with the activities financed by the EUTF for CAR. The humanitarian response to address the urgent needs of recent refugees living outside settled sites and of their host communities will be scaled up. 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 *protracted needs* of longstanding refugees (specifically the Darfuri refugees hosted in UNHCR camps in Eastern Chad) will be addressed by contributing to further identify durable solutions for self-reliance in view of a gradual exit strategy of ECHO.

#### *Food and Nutrition crises / 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 Plan<sup>13</sup>. Emergency food and

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<sup>13</sup> [http://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/west\\_africa\\_en.pdf](http://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/west_africa_en.pdf)

nutrition interventions will target the most vulnerable households and the individuals most at risk of under-nutrition - young children, pregnant and lactating mothers (PLW).

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 11<sup>th</sup> European Development Fund (EDF) National Indicative Programme (NIP).

#### *Epidemics and natural disasters*

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

### 5. General considerations for all interventions

In the implementation of this HIP, special attention will be given to relevant aspects related to migration and 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 % of out-of-school children is particularly high, there are grave 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 is encouraged.

Effective coordination is essential. ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with visibility requirements in accordance with the applicable contractual arrangement as well as with specific visibility requirements agreed-upon in the Single Form, forming an integral part of individual agreements. In particular, this includes prominent display of the EU humanitarian aid visual identity on EU funded project sites, relief items and equipment and the acknowledgement of the funding role of and the partnership with the EU/ECHO through activities such as media outreach and digital communication. Further explanation of visibility requirements can be consulted on the dedicated visibility site:

<http://www.echo-visibility.eu/>.

## **4. LRRD, COORDINATION AND TRANSITION**

### 1. Other ECHO interventions

The 2015 HIP Chad had an initial allocation of EUR 34 803 460, later complemented by EUR 1 500 000 in relation to the Boko Haram crisis and EUR 6 500 000 to address emergency food and nutrition needs in the Sahel, both allocations drawing on 11th EDF.

EUR 800 000 were furthermore allocated through the Epidemics HIP 2015 for seasonal malaria chemoprophylaxis. The 2015 HIP Cameroon had an initial allocation of EUR 4 000 000, later increased by EUR 3 000 000 in relation to the Boko Haram crisis and EUR 1 000 000 to address outstanding needs of CAR refugees. The response to the Boko Haram crisis was further reinforced with EUR 6 000 000 from the 11<sup>th</sup> EDF. The 2015 HIP CAR had an initial allocation of EUR 14 000 000, later increased by EUR 8 000 000 to cope with outstanding needs of local resident and displaced populations. Furthermore, in Chad, CAR and Cameroon, the EU Children of Peace initiative allowed implementing projects in the field of Education in emergencies.

## 2. Other services/donors availability

In Chad, donor coordination remains complex, all the more so since key players (USAID<sup>14</sup>, SIDA<sup>15</sup>) are not based in the country. The Strategic Response Plan (SRP) was 30% financed at mid-year (USD 572 000 000). Over the past 5 years, humanitarian appeals have been 55% funded, compared with 80% over the previous five years. In 2016, ECHO collaboration with DFID will be further strengthened. An LRRD strategy for nutrition and food security will be developed through joint humanitarian/development programming under the 11<sup>th</sup> 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 2015, USD 190 million was allocated to humanitarian programming according to OCHA's FTS (31% of the SRP estimated needs). Besides the EU, the UK (DFID with USD 21 million) and the US (USD 18.9 million from OFDA) are the main bilateral humanitarian donors. The CERF and CHF remain important UN-managed instruments for humanitarian financing in 2015. The 2014 World Bank emergency envelope was used to cover projects throughout 2015. In Cameroon, donor presence has increased in 2015. BPRM<sup>16</sup> stepped up funding through NGOs in addition to its annual allowance to UNHCR (USD 11 700 000). DFID START program aims at implementing long-term responses to the refugee crisis. France and German bilateral cooperation support UNHCR and UNICEF respectively.

## 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 IcSP<sup>17</sup> is on-going. A second intervention of the IcSP is considered with the purpose of supporting resilience of communities around the Lake Chad and enhancing border safety.

In CAR since 2013, the EU has allocated EUR 75.5 million for the emergency in CAR and EUR 22 million for its refugees in the region. In 2014 alone, EUR 130 million have been allocated to the CAR crisis and an additional EUR 193 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 108 million for LRRD.

In Cameroon, an intervention supporting new refugees in camps and host communities regarding livelihood and resource management will start under the EUTF Bekou. Further

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<sup>14</sup> United States Agency for International Development (USAID)

<sup>15</sup> The Swedish International Development Cooperation Agency (SIDA)

<sup>16</sup> United States Bureau of Population, Refugees, and Migration (BPRM)

<sup>17</sup> Instrument contributing to Stability and Peace (IcSP)

actions under the EDF are in preparation. 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 2016, complementarity and coordination between humanitarian and longer-term interventions financed by the European Union Trust Fund (EUTF) for stability in West Africa/Sahel and Lake Chad basin will also be sought in Chad and Cameroon. As ECHO will contribute to the EUTF resilience component, joint identification of relevant resilience actions funded by the EUTF will aim to achieve a positive impact on joint ECHO/DEVCO<sup>18</sup> resilience and LRRD initiatives in the region, including AGIR.

#### 4. Exit scenarios

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