HUMANITARIAN IMPLEMENTATION PLAN (HIP)

CENTRAL AFRICAN REPUBLIC, CHAD, CAMEROON

AMOUNT: EUR 70 103 460[1]

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Sixth modification as 21 December 2015

In order to rectify a clerical mistake, this amendment aims to transfer an amount of EUR 600 000 from the Chad envelope of the CAR, Chad and Cameroon (CCC) 2015 HIP to the West Africa 2015 HIP. This amount will be allocated to a project in Niger in order to meet the needs of displaced people in the Niger Diffa region that is affected by Boko Haram attacks.

Fifth modification

An amount of EUR 4,900,000, including EUR 1,900,000 made available by DFID in the framework of the ECHO-DFID partnership PHASE (Providing Humanitarian Aid for Sahel Emergencies) is added to this HIP to reinforce ECHO interventions in response to the consequences of the Boko Haram crisis in Chad and Cameroon.

In the last months, the conflict between national armed forces and Boko Haram has intensified in North-East Nigeria and its neighbouring countries around Lake Chad: Chad, Niger and Cameroon. Entire villages have been burnt, subsistence means have been destroyed, and thousands of civilians have been killed. Continuous incursions of suspected Boko Haram members have resulted in large displacements of population, causing influxes of Nigerian refugees and internal displacements in the affected countries. The crisis has disrupted local economies and households' livelihoods, impacting negatively on the food and nutritional status of the affected populations.

The Far North region of Cameroon hosts currently 62,860 Nigerian refugees and 92,660 internally displaced persons (IDPs) fleeing Boko Haram's attacks. The Lake region of Chad hosts 52,321 IDPs displaced since July 2015 and 11,000 IDPs displaced between January and June 2015, in addition to 11,593 Chadian returnees from Nigeria arrived since January 2015 and 7,868 Nigerian refugees in the Dar-es-Salam camp, arrived since January 2015.

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 the Lake region of Chad, access to water, sanitation and hygiene by displaced populations and host communities needs to be improved in view of a growing number of people affected and extremely limited water and sanitation facilities available in the area, exposing people to serious risks of epidemics. Additional food security and livelihood support are critically required in the Far North of Cameroon over the coming months, enabling access to food by the most affected displaced and local populations, while reinforcing their resilience. A specific attention to the protection needs of beneficiaries will need to be integrated in all interventions.

[1] Including EUR 10 683 460 from external assigned revenues from the United Kingdom Department for International Development (DFID).

The additional funding will be partly used to extend ongoing actions and/or to support suitable action proposals already received.

Fourth modification as 23 October 2015

At the end of September, an outbreak of violence erupted in the Central African Republic's capital city, Bangui, and subsequently spread across the provinces. Only in Bangui more than 40 000 people were forced to seek refuge in existing displacement sites at the peak of the crisis. In addition, around 2 900 people fled into the Democratic Republic of Congo. Humanitarian consequences of this situation were observed notably in the cities of Bambari, Dekoa and Kaga Bandoro.

Lootings of humanitarian organisations' premises and stocks have occurred. Generalised insecurity, heavily affecting transport on the main supply road from Cameroon, and lack of access to vulnerable populations have had repercussions on the ongoing humanitarian response. Life-saving activities have nonetheless been preserved, despite the temporary reduction of humanitarian presence in the country in the first days of October, through relocation of non-essential staff.

In this tense and highly volatile context, where the number of internally displaced people has reached around 400 000 individuals, it is necessary to increase the amount of this HIP by EUR 1 000 000 in order to scale up humanitarian assistance to the displaced while seeking to enhance affected population's resilience to new shocks.

The additional funding will be used to meet newly identified needs by extending ongoing actions.

Third modification as 27 July 2015

While political and security challenges persist in Central African Republic (CAR), the living conditions of Centralafrican refugees in neighbouring countries require continued attention. Assistance needs are likely to last as no return intentions are reported so far, due to the uncertainty of the political process in CAR ahead of the elections scheduled in October 2015.

In Cameroon, The United Nations High Commission for Refugees (UNHCR) estimates that nearly 244 000 CAR refugees are hosted in East, Adamaoua and North regions, of which 134 000 arrived in 2014. The response to this crisis has become more structured over time, but gaps remain which are putting people's lives at risk. Additional support is needed in basic sectors (health, nutrition, shelter, food, water and sanitation), and particular attention needs to be paid to new refugees hosted in villages (more than 50%) who have been receiving less aid than the ones in sites during the first year.

In a context of limited funding for this emergency, it is necessary to increase the amount of this HIP by EUR 1 000 000. The additional funds will help scale up response for the most underserved humanitarian aid sectors and target populations. In particular, health and nutrition response, mainly for refugees living outside settled sites, will be reinforced. The health system in Cameroon, in fact, cannot guarantee access to good health and nutritional services for all, given the large population increase in the affected districts.

Refugees mostly rely on food aid to cover their nutritional needs and resort to risky coping mechanism in case of disruption of food distributions. Access to more protective

shelters is also an issue: most refugees are still living in temporary shelters, now worn out, which do not offer adequate protection against weather or physical safety for the most vulnerable. Access to water remains a concern in some sites.

The additional funding will be used to fill in the gaps identified, by extending ongoing actions.

Second modification as of 13/04/2015

Although the ongoing transition process seems to be leading to more stable context, the humanitarian situation in the Central African Republic (CAR) remains extremely problematic due to unpredictable security, widespread criminality, difficult humanitarian access and desperate protection situation of displaced populations. Needs remain huge among Internally Displaced Persons (IDP) (more than 436 000 individuals, of which over 49 000 in Bangui), secluded communities (36 000 people) and resident population affected by the dramatic consequences of the crisis. The 2015 Strategic Response Plan (SRP) identifies 2.7 million people in need of humanitarian assistance in CAR (more than half of the CAR population), while at least 1.4 million people are assessed to be food insecure. The 2015 SRP appeal is currently funded at 11% (68 800 000 USD out of 613 000 000 USD requested).

In addition, the persisting needs of refugees and returnees having fled into neighbouring countries require further efforts by the international community, given the extremely limited capacities of host countries to provide assistance and the still uncertain return or (re)integration prospects of these populations. To date more than 455 000 CAR refugees are hosted in neighbouring countries, of which more than 215 000 arrived after December 2013. Population movements have intensified again in the region over the past months, notably towards Chad and the Democratic Republic of Congo (DRC). Some new 20 000 Central Africans have sought refuge in DRC since December 2014 and therefore ECHO will undertake in the coming days an assessment to identity their concrete needs.

Given the humanitarian situation described above, taking into account the EU commitment to keep helping the Central African people out of the crisis, and following the outcome of the recent ECHO-OCHA joint mission to CAR, the European Commission will increase by EUR 10 000 000 the budget allocated to provide a response to the crisis, with a view to support continued response to basic needs of the people affected by the CAR conflict in the country and in the region. EUR 8 000 000 will be immediately allocated to the Chad-CAR-Cameroon HIP while the final amount dedicated to the response to the needs of the CAR refugees in neighbouring DRC will be determined following an upcoming ECHO assessment mission.

The additional funding foreseen in the framework of the Chad-CAR-Cameroon HIP will be used to fill in the gaps identified during the first assessment round and/or to extend ongoing actions.

First modification as of 16/02/2015

The humanitarian and security situation in Cameroon has been steadily deteriorating since the beginning of 2015 with reports of killings, abductions and brutal violence in the country's Far North region near the border with Nigeria.

The violence caused by Boko Haram's assaults in border areas is affecting tens of thousands of local residents. The scale of the internal displacement in Cameroon is still

unknown as many people have found refuge with host families; IDPs are provisionally estimated to be at least 40 000.

Growing sectarian violence by Boko Haram in the North of Nigeria has equally pushed thousands of civilians to flee Nigeria, seeking refuge in neighbouring countries. UNHCR has registered over 40 000 Nigerian refugees in the Far north region of Cameroon, of which over 9 000 have crossed the border since the beginning of the year. 32 000 people have been moved to Minawao camp where they are receiving emergency assistance. A second camp is being opened near Gawar, as Minawao has reached its full capacity.

Although the implementation of a comprehensive response is hindered by access problems due to high insecurity, it is necessary and urgent to reinforce the current humanitarian assistance through partners who are present in the area and who are able to immediately deliver multisectoral aid, notably food, health, water, sanitation, shelter and relief items.

Given the humanitarian situation described above, the European Commission will increase by EUR 3 000 000 the budget of the HIP 2015 for Cameroon, whose initial endowment proves insufficient to meet the current funding needs. The additional funds will be used to support immediate response to basic humanitarian needs of people affected by Boko Haram violence in Cameroon. To ensure a timely delivery, the aid will be implemented through partners having submitted suitable project proposals under the first assessment round of the HIP.

1. CONTEXT

Overview of the main humanitarian challenges in the region

The Central African Republic (CAR), Chad and Cameroon, have in common structural weaknesses combined with an extreme exposure to natural disasters and epidemics resulting in chronic humanitarian emergencies, and a political fragility which has been most recently exacerbated by the conflict in CAR. In particular the Sahelian regions of Chad and Cameroon are highly food-insecure areas due to harsh environmental conditions and eroded livelihoods exacerbated by endemic poverty and underdevelopment; in these areas the nutritional situation is especially of concern, with prevalence rates above or close to emergency thresholds in several regions. At the same time, the three countries are at the juncture of major internal or neighbouring crises (CAR, Democratic Republic of Congo (DRC), Sudan, Nigeria, Libya), with cumulative displacement effects over time. In recent months the acute political and security crisis in CAR has extended its humanitarian consequences to Chad and Cameroon, since the dramatic escalation of violence as of December 2013 displaced nearly one million internally and pushed tens of thousands to flee across borders; the effects of the CAR crisis are anticipated to continue affecting the region in 2015, thus requiring a regional approach for the humanitarian response. Finally, population movements from Nigeria into Chad and Cameroon have intensified as of July-August 2014, due to escalating violence by Boko Haram on civilian populations.

ECHO[2] has assigned to **CAR** a Vulnerability and Crisis Index score[3] of 3/3, its most severe ranking. ECHO's Integrated Analysis Framework for 2014-15 identified extreme

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

[3] See http://ec.europa.eu/echo/files/policies/strategy/gna_2013_2014.pdf

humanitarian needs in CAR. The vulnerability of the population affected by the crisis is assessed to be very high. **Chad** has also received a Vulnerability and Crisis Index score of 3/3. ECHO's Integrated Analysis Framework for 2014-15 identified high humanitarian needs in Chad. The vulnerability of the populations in the Sahel, as well as the vulnerability of the displaced in Southern, Eastern and Western Chad are assessed to be very high. Two major refugee situations in a context of extreme fragility and curtailed international support warrant Chad to be categorised as a forgotten crisis with potential for deterioration. Whilst ECHO has classified the overall situation in **Cameroon** as a medium humanitarian crisis, assigning to Cameroon a Vulnerability and Crisis Index score of 2/3, ECHO's Integrated Analysis Framework for 2014-15 has identified high humanitarian needs among the newly displaced populations, whose vulnerability is assessed to be very high; the refugee crisis in Cameroon is categorised as a forgotten crisis, with a negative trend due to potential new external shocks. Furthermore, ECHO's Integrated Analysis Framework for 2014-15 has found food and nutrition needs among the populations living in the Sahelian regions of Cameroon (North and Far North).

Main vulnerability indicators per country

CAR is one of the poorest countries in the world with an estimated population of 4.6 million, ranking 185 out of 187 countries on UNDP[4] Human Development Index (HDI) 2013. Maternal mortality rate per 100 000 births is 890, while infant mortality rate per 1 000 live births is 91 and under-5 mortality rate is 129 per 1 000. Adult literacy rate (% age 15 and older) is 56.6 and only 10.3 women, aged 25 and above, have at least some secondary education (26.18 for men)[5]. Poor access to basic social services and successive humanitarian crises characterise this country where life expectancy rate is 49.1. The Gross National Income (GNI) per capita is USD 588. For the last decades, the country has suffered from poor governance and lack of investment in basic human development, resulting in very low access to state services and recurrent levels of armed conflict. CAR ranks third on the 2014 fragile states index of the Fund for Peace.

A large but sparsely populated land-locked country with a population of 12 825 314[6], **Chad** is a poor and fragile state (ranking sixth on the 2014 fragile state index) presenting some of the worst development indicators in the world. 60% of the national territory is desert, 25% falls in the semi-arid Sahel belt, while the remaining 15% approaches sub-tropical conditions but is subject to flooding. UNDP HDI 2013 places Chad 184th. The Gross National Income (GNI) per capita is USD 1 622[7] per person. Adult literacy rate is 32%[8], with life expectancy at birth is 51.2 years. Under-5 mortality rate is 173 per 1 000 live births, while the maternal mortality rate per 100 000 live births is 980[9]. 22% of children are born with low birth weight and only 2% of children under 6 months are exclusively breastfed, according to UNICEF[10]. A traditional host country for refugees, Chad faces a protracted nutrition crisis, chiefly in its 10 Sahelian regions, and is exposed to recurrent food shocks. The country is furthermore vulnerable to natural hazards such

4 United Nations Development Programme (UNDP)

5 See undp.org/en/countries/profiles/CAF

6 World Bank – World Development Indicators 2013: http://databank.worldbank.org/data/views/reports/tableview.aspx

7 See http://hdr.undp.org/en/content/table-1-human-development-index-and-its-components#s

8 See http://data.worldbank.org/indicator/SE.ADT.LITR.ZS

9 See http://data.worldbank.org/indicator/SH.STA.MMRT

10 United Nations Children's Fund (UNICEF)

as floods, droughts and epidemic outbreaks. The risk of cholera, measles, yellow fever and malaria is permanently high.

In contrast, **Cameroon** is a large and diversified country with a population of 23 130 708 and a growing economy, ranking 152 on UNDP's 2013 HDI. 60% of the territory is dominated by sub-tropical conditions while 40% falls in the semi-arid Sahel belt. Despite political and social stability for the last 3 decades and the increase in real Gross domestic product (GDP), economic growth has not been inclusive and poverty incidence has remained almost stagnant since 2003 at 39.9%[11] with large disparities between rural and urban areas. Health indicators are of particular concern with infant mortality rate moving slowly from 146 per 100 000 births in 2001 to 122 in 2011 compared to the national target of 76 in 2015. Maternity mortality rate worsened from 430 deaths per 100 000 births in 2004 to 782 in 2011, against a national target of 350[12]. Cameroon also made no progress in reducing the prevalence of chronic malnutrition; growth stunting has increased by 10% over the past 20 years and malnutrition is an underlying cause of 48% of deaths among children under-5. The mortality profile of Cameroon is furthermore marked by infectious diseases, notably cholera.

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 December events of Bangui constituted a peak in the conflict bringing the capital in the cycle of reprisals among citizens, with violent clashes between (largely Christian) Anti-Balaka and (mainly Muslim) ex-Seleka that had spread across the country. Violence in CAR has caused massive internal displacements and pushed hundreds of thousands to flee the country. In January 2014, a new transition government took office, which marked the start of a still fragile process of appeasement; a cessation of hostilities agreement was signed by the conflicting parties in Brazzaville on 23-26 July 2014.

Even if the political process proceeds, inclusiveness and reconciliation remain significant challenges. Exactions and widespread banditry continue to afflict the population, putting also humanitarian workers' lives at risk. The country is at a critical juncture where concrete and rapid results in terms of security, living conditions and economic recovery are essential for the eventual success of the transition process. In particular, an adequate and sustained presence of international military forces with peace- and security-keeping functions throughout 2015 will be crucial to set the pre-conditions for the country's stabilisation and recovery; the maintenance of security will also be critical for facilitating urgent humanitarian action country-wide. A seamless transition between the current international armed forces present in CAR (EUFOR CAR[13], French Sangaris[14], MISCA[15]) and the UN mission will be essential in that process.

Pending the consolidation of the transition process, humanitarian needs will likely remain very high in CAR, due to to continuing protection threats, mass population displacements, widespread destruction of homes, disruption of services and livelihoods

[11] Cameroon's household survey (Enquête camerounaise auprès des ménages, ECAM 3, 2007)

[12] Cameroon's demographic and health survey (La quatrième Enquête Démographique et de Santé combinée à l'Enquête par Grappe à Indicateurs Multiples, EDS-MICS, 2011)

[13] See http://eeas.europa.eu/csdp/missions-and-operations/eufor-rca/index_en.htm

[14] See http://www.defense.gouv.fr/operations/centrafrique/operation-sangaris/operation-sangaris2

[15] See http://www.peaceau.org/en/article/transfer-of-authority-from-micopax-to-misca

since December 2013, and the weakness of State institutions. As of September 2014, 508 800 individuals are still displaced internally and the return process is slow. More than 2.5 million people, meaning 50% of the country population, lack access to basic services and are in need of assistance, both inside and outside the country. Among the civilians at risk, the Muslim population has been identified as being especially vulnerable and most of them have fled to neighbouring countries, giving the crisis a regional dimension.

Mixed protracted crisis in Chad

Significant levels of food insecurity and malnutrition – reflecting the concurrent and long-standing challenges of poverty, access to food, climate hazards, fragile governance and absence of basic State services - characterise the Sahelian belt of Chad, where populations are exposed to situations of extreme vulnerability. Poor households must obtain more than 87% of their food on the markets because of limited own production. Repeated food crises in recent years (2005, 2008, 2010 and 2012) as a result of erratic rainfall patterns, failed harvests and soaring food prices, have severely impacted on the poorest households' food security and nutrition status and eroded their resilience. Poverty and lack of social safety nets encourage households to migration, plunge them into indebtedness or trigger de-capitalisation. Children under-5 have little or no access to healthy, adequate and sufficient food, while most Sahelian households have minimal access to health care or drinking water. As a consequence, the Global Acute Malnutrition (GAM) rate is 13.6%[16] in the Sahel, while nearly one third of the country's population is food insecure in 2014[17].

It is in this chronically dire context that a massive repatriation of people of Chadian origin took place in late 2013, following the extreme violence in CAR, and the influx continued in 2014. The government has proven unable to cope with the situation, which requires short-term emergency response as well as long-term solutions for either integration or return. This population influx is only the latest of a series of displacements caused by external or internal crises over the years. Previous conflicts in neighbouring countries, notably since 2004, have resulted in over 450 000 refugees living today in refugee camps in the East and the South of Chad, and the country's poorest populations losing one their coping mechanisms, namely remittances from a significant Chadian workforce in Libya that returned following the Libya crisis. The sequels of past internal conflicts, on the contrary, are now almost reabsorbed (a residual number of about 90 000 IDPs in eastern Chad had their IDP status ended as of January 2013 by an official Government directive).

The security situation in border areas, in particular at the frontiers with Darfur and CAR, remains highly volatile. Regional dynamics, including Boko Haram's activity in Nigeria and Cameroon, Chad's role in the CAR crisis, renewed clashes in Sudan, as well as an unstable Libya, could have a destabilising effect on the country and give rise to new humanitarian needs, thus aggravating the on-going complex emergency.

A fragile humanitarian situation in Cameroon

The geographical disparities in economic status characterising the country are evident in the East, the Adamawa, the North and the Extreme North regions. In particular, the two northern regions located in the Sahel belt did not benefit from infrastructure and

[16] UNICEF February 2014 SMART Survey

[17] Cadre Harmonisé (CH) analysis of March 2014 carried out by Ministry of Agriculture, SISAAP, CILSS. The classification is compatible with IPC v2 (Integrated Food Security Phase Classification).

productive investment, which left the most populated part of the country (25% of the total population) exceedingly depleted. The same regions were also deeply affected by the 2012 Sahel food crisis and are exposed to recurrent shocks (floods in 2010 and 2012, droughts in 2009 and 2011) which represent a constant threat for crops, and are characterised by relatively high malnutrition rates, particularly among children under-5.

Against this fragile background, unanticipated large population movements from Nigeria and from CAR have put limited local resources under exceptional strain.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries

In keeping with the above, populations in CAR, Chad and Cameroon are affected by both man-made and natural disasters.

Regional instability is the cause of large *population displacement* (both recent and protracted) in all three countries.

Population movements are fuelled by the crisis in CAR or are the long-standing consequence of armed clashes in Sudan, DRC and, lately, Nigeria.

Droughts and climate hazards combined with structural weaknesses and chronic underdevelopment result in *food insecurity and undernutrition* notably in the Sahelian regions of Chad and Cameroon, while food insecurity in CAR is the consequence of the prevailing complex emergency.

Sudden or slow onset natural *disasters*, in particular droughts, floods and epidemics, may cause new emergencies whose humanitarian consequences cannot be quantified in advance.

In the light of these vulnerabilities, the 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 as affected by the ongoing humanitarian crisis, with 2.5 million estimated as extremely vulnerable and requiring assistance. CAR hosts today the largest number of IDPs, with some 508 800 individuals still displaced internally as of 15 August 2014, of which 83 800 are located in the remaining 38 IDP sites in the capital Bangui. Some 71 IDPs sites have been identified outside Bangui[18], a substantial number of which have become de-facto enclaves where communities live under the protection provided by the international armed forces.

- **Refugees:** Of the three countries in this HIP, **Chad** is hosting the largest number of refugees, mainly from Sudan and CAR. Successive waves of displacements between 2004 and 2014 have resulted in a caseload of 453 000 refugees living in 18 camps run by UNHCR in the East and the South of the country. This figure includes the approximately 14 000 CAR refugees who fled to Chad in 2014. The

[18] CAR Population Movement Commission (IOM/UNHCR) 18 August 2014

number of refugees is expected to increase due to new arrivals from Nigeria as of August 2014. **Cameroon** is the second recipient of refugees, mainly from CAR. In September 2014, the country hosted in total 126 353 new Central African refugees, of which 57 382 living in 7 camps mainly in the East and Adamawa regions, 62 268 staying in different sites or with host communities and 6 703 in Yaoundé and Douala, while unregistered refugees across the country were estimated at 30 000. These figures add to an existing caseload of some 99 000 Central Africans that arrived between 2004 and 2012. Cameroon furthermore hosts Nigerian refugees fleeing fighting between insurgents and Government forces, along with urban refugees and asylum-seekers from 28 other countries of origin (6 000 people altogether in August 2014)[19]; according to UN estimates, the Nigerian refugee caseload might reach 50 000 individuals by the end of 2014, due to growing violence in bordering areas.

- **Returnees: Chad** is host to a large-scale "return" of migrants from CAR since late December 2013, estimated to involve some 100 000 individuals. 59 998 persons of self-declared Chadian origin, but whose status is yet undetermined, still live in 5 transit centres close to the CAR border (Sido, Doyaba, Danamadja, Doba, Maïgama), mostly non-compliant with minimum standards, while 32 628 Chadian returnees with family links were able to go back to their villages of origin upon their return. The number of unregistered returnees is estimated between 5 000 and 15 000 individuals. Following the closure of the Chadian border with CAR both to refugees and humanitarian supplies in July 2014, the influx of returnees to Chad decreased significantly, due to the difficulty to prove one's nationality at the border.

  In all displacement situations, considerations linked to land and property rights are very important for protection purposes and as such should be addressed at the earliest possible stage in the design of humanitarian interventions, so as to contribute to facilitate a possible return to home areas.

People affected by food crises and malnutrition

- **Food crisis:** In **Chad** rural poor households ran out of own production as early as January 2014 and relied further on markets to cover their essential caloric needs. With 4 regions ranked in food crisis situation (IPC[20] phase 3) (Bahr el Gazal, Guera, Kanem and Wadi Fira) and 11 regions in IPC Phase 2 (stress), the the Cadre Harmonisé (CH) analysis estimates 20 254 people in emergency food insecurity (IPC Phase 4) and 791 316 people in food crisis situation (IPC Phase 3) during the lean season, i.e. 811 570 people requiring emergency food assistance nationwide during the peak of the lean season, or 6.5% of country population. As a whole, taking into account all situations, the CH analysis identifies over 3.92 million food-insecure people in Chad in 2014. The outcome analysis (HEA)[21] results of March 2014 - coordinated by Oxfam and the food security cluster - confirmed that very poor households would face a survival

19 UNHCR - http://www.unhcr.org/pages/4a03e1926.html

20 Integrated Food Security Phase Classification (IPC)

21 Households Economic Analyses (HEA), a common tool amongst food security partners across Sahelian countries, enable to evaluate poverty at household level and are also used to quantify the volume and type of aid to be provided

deficit[22] in three regions[23] of the Sahel belt between March and October. In **Cameroon**, the northern regions suffer from the same problems as all the Sahelian sub-region. The Global Hunger Index (GHI) gives a score of 14.5 in 2013. Despite a relatively good harvest in 2013, in April 2014 prices remained 5-15% above the 5-year average. The conflict in north-eastern Nigeria and neighbouring border restrictions have consequences for the ability of people to move and find an income. The UN Humanitarian Needs Overview (HNO) 2014 projects 1 737 733 people at risk of food insecurity, i.e. 29% of the population of the two Sahelian regions.

- **Nutrition crisis**: In 2014, 5 regions in **Chad** are still above the 10% critical threshold for the GAM rate and 2 regions are above the emergency threshold of 2% for the Severe Acute Malnutrition (SAM) rate[24]. In the Sahelian belt, the estimated number of children to be treated for SAM has been reviewed upwards in mid-2014 and is now anticipated to reach 180 000 children (instead of 150 000). In **Cameroon**, following the 2012 drought, the GAM rate was of 5.8% in the North region and 8.6% in the Far North region in August 2013, with a death rate close to the urgency threshold (2 deaths/day/10 000 under-5 children)[25].

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

All three countries have a high exposure to epidemics and other natural disasters. Since 1996 and recently in 2010, 2011 and 2014, northern regions of **Cameroon** have experienced upsurges of cholera with high mortality rates. In 2014 a cholera epidemic has started raging in the Extreme North, home to around 3 000 Central African refugees, with a significant risk of spreading to neighbouring regions (notably, the Adamawa and East regions) and to Chad.

In **Chad** cholera is a persistent threat since four decades and population movements from CAR via Cameroon may constitute a risk of contagion. Chad is also subject to recurrent floods and pest attacks, which negatively impact on the agricultural production.

CAR was hit recurrently by natural disasters in past years (27 events reported between 1980 and 2010), mainly floods and epidemic outbreaks[26]. In all three countries new concerns arise for a possible ebola spread, taking into account the limited health surveillance capacities at national and local level.

2) Description of the most acute humanitarian needs

Protection

Various crisis cycles in **CAR** have worsened the situation of civilians in almost the entire country. Protection issues are exacerbated by weapons proliferation, ongoing insecurity related to the presence of a large number of armed groups, (including anti-

22 Unable to cover 100% of their basic caloric needs for survival

23 Bahr-El-Gazal, Kanem and Wadi-Fira

24 UNICEF 2014 SMART Survey, data collected in the immediate post-harvest season

25 UNICEF 2013 SMART Survey

26 UNISDR - http://www.preventionweb.net/english/countries/statistics/?cid=33

Balaka different militias, former Seleka and banditry groups), the continuous political crisis, very weak State institutions, economic problems and chronic poverty. Tensions have crystallised in parts of the country that were, up to now, considered as peaceful. In areas in the north and the centre, people caught in cycles of violence are trapped in their villages or in cities where they had fled to escape abuses. Some communities have been targeted for economic and social reasons, but the perception of these attacks focused on religious affiliation, thus giving the conflict a new reading. A dozen communities in the country have been locked in enclaves, mostly comprised of Muslim populations or Fulani pastoralists perceived as favouring the ex-Seleka and therefore deprived of movement and access to relief assistance.

Protection needs are also high in refugee and returnee transit sites and temporary camps in **Chad** and **Cameroon**, taking into account the extreme vulnerability of these populations and the brutalities they endured before and during the escape. Over 600 separated and/or unaccompanied minors have been registered by UNICEF in Chad. Family tracing remains a major challenge in the newly established camps in southern Chad. In Cameroon psychosocial support - following the trauma refugees underwent in CAR or Nigeria, gender-based violence (GBV) and more general violence among the refugees - needs to be addressed in the design of humanitarian interventions.

Health and Nutrition

In **CAR**, the crisis has dismantled the structures of an already fragile health system, bringing the government service delivery capacity to a complete stop. Furthermore, access to health services dropped due to security reasons. At the peak of the emergency, all development health support programmes were discontinued. Pending their resumption, the lack of basic health services, combined with food insecurity, can only lead to a deterioration of the health and nutritional status of the most vulnerable people, especially children under-5, and contribute to an increase of the mortality rate if not addressed timely. Given the lack of a functional health system, the implementation of preventive activities, the delivery of primary and secondary health care, the maintenance of early warning mechanisms and the capacity to provide a rapid outbreak response will remain essentially reliant on humanitarian actors. Psychological and psychosocial support to address the consequences of recurrent trauma on the mental health of the population is also needed, both in CAR and among the CAR refugees/returnees.

Access to free care will be key in all humanitarian interventions in the health sector, as will the use of quality essential medicines. As different European Union (EU) instruments are going to fund healthcare in the coming period, attention will be given to ensure coherence between these actions.

The Sahel belt of **Cameroon** and **Chad**, as well as the southern regions of Chad now home to newly displaced persons from CAR, continue to suffer from low vaccination coverage (e.g. as of June 30, 2014 immunisation coverage for measles in Chad was 48%[27]) and poor availability/access to basic services such as primary health care and

[27] Strategic Response Plan (SRP) CHAD 2014

water supply. In Chad, this has resulted in high level of under-5 mortality[28] and extremely high level of maternal death at birth, the highest in the world in 2013[29].

The health and nutrition needs of new refugees and returnees in host sites of southern Chad and eastern Cameroon require close monitoring and adequate emergency interventions.

Food assistance and food security

It is difficult to clearly articulate the food security situation in **CAR,** as a confident quantification of actual needs would require full access to the whole country. It is assumed that the security constraints, the massive population displacement and the major logistic hindrances, not the least the Chad border closure, will keep significantly hampering the local agricultural production, ultimately resulting in increased food prices and high food needs. In addition, fluctuation in prices for some food items is observed across the country. Markets are less supplied and commodities are more expensive in a context where households' purchasing power has decreased. Food utilisation, including care and feeding practices, may be compromised with concomitant impacts on food consumption, in particular for women and children. A situation of acute food insecurity, combined with the disruption of health services and of hygiene practices, will increase the risk of acute malnutrition and adoption of detrimental coping strategies, including erosion of production assets and exposure to risks (prostitution, abduction, violence etc.) to access food. Eventually, hunger may be the reason for further predation on local populations, hence of further protection needs.

In **Chad** satellite images on cumulative water falls since the onset of the rainy season have shown a light water deficit in the southern regions and a severe deficit in the Sahel belt of Chad. The rain has started late, and should continue throughout October to enable adequate quantity and spread-out for potential good harvest. As of July 2014 indicators are not favourable. Late rainfall has considerably delayed the agro-pastoral calendar, people were late to plant and some crops have already dried out. The decline in cereal production in 2013/2014 in food insecure areas ("Crisis Phase") is confirmed. These productions are in decline compared to the average of the last five years: -49% in Wadi Fira, -25% in Barh El Ghazel, and -75% in Kanem. Poor and very poor households who represent up to 60% of the population cannot count on their poor subsistence agriculture revenue and will have to purchase most of the food they need. Structural and chronic food insecurity in the Sahel belt, coupled with contingent factors, prices higher than the average of the last 5 years and very limited Government support, lead both the ENSA[30] and the CH analyses to conclude for the same level of urgency and magnitude as far as the food needs in 2014 are concerned.

In **Cameroon**, the CAR refugees as well as local populations live day by day. In the sub-tropical area, the food security situation is not yet worrying (one harvest took place in August, another is expected in October and grass is offering fodder for the cattle, especially in the Adamawa). However between 30 000 and 60 000 refugees do not receive World Food Programme (WFP) food distributions; hence refugee

[28] In Chad, on 1 000 births 150 die before the age of 5 (this was the 3rd highest figure worldwide in 2012)

[29] 1 100 deaths for 100 000 deliveries

[30] National Survey of Food Security (ENSA) conducted by World Food Programme (WFP) and the Government of Chad late 2013, reviewed in the 1st quarter 2014

pressure may expand the risk that host populations' food stocks will be consumed before the first 2015 harvests. Additionally, some refugees take what they need in the fields, while their cattle damages the cultivated surfaces; the resulting harvest losses are already very important for some local farmers. With forage scarcity in March – April 2015 the pressure on lowland cultivated lands is expected to considerably increase, and conflicts among herders already very important in Adamawa region might reach unbearable levels. Thus the risk of a food security crisis compounded by social tensions and/or open conflicts between refugees and host populations at the local level should not be underestimated. In the Far North, even though the rainy season allowed a normal agricultural cycle, there is concern that the population in the bordering areas to Nigeria might not cultivate properly because of the overall insecurity. Movement restrictions, especially for motorcycles in the countryside, also affect the local economy.

Water, hygiene, sanitation (WASH)

In **CAR**, before the crisis, less than 35% of the rural population had access to quality system water supplies and good sanitation and hygiene practices. As a consequence of the crisis, a huge number of public and private infrastructures have been destroyed, looted or damaged; many people who were forced to flee are still living in the bush with little or no access to water and sanitation. In Bangui, access to safe water rate is 28%, with 27.6% provided by SODECA[31] and 0.4% by other sources. More than 70% of the population in Bangui still use unsafe water[32]. Under these circumstances, the availability and access to safe water for drinking and hygiene has become a challenge. There is a need to re-establish basic WASH services and promote better hygiene practices, pending a comprehensive and long-term approach to tackle the structural problems.

In **Chad**, insufficient access to safe drinking water and basic sanitation services remains a major challenge with only 50% water access coverage rate and 12% sanitation coverage rate at the national level. Poor coverage is severely impacting the health and nutrition status of the populations and the success of (emergency) nutrition programmes. Old and new refugees have been drawing on local water sources, which is a reason of conflict with host communities. Minimum emergency WASH standards of 20 litres per person per day are far from being met in most of the refugee camps, and newly established sites hardly reach 8 litres per person/day, which leaves a large segment of the displaced population at risks.

In **Cameroon** much work remains to be done to come closer to SPHERE standards[33] within the camps. Surveys regarding the WASH situation of refugees scattered over CAR bordering areas have been launched in August 2014. In many cases the gap between the existing standards in host villages and sphere standards is significant.

Shelter and Non-Food Items (NFIs)

[31] La Société de distribution d'eau en Centrafrique (Central African water distribution company, SODECA)

[32] SODECA, 2014

[33] Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE)

In **CAR**, NFI needs are related to the displacement situation. As clashes between armed groups and persisting insecurity are creating new waves of IDPs seeking safety and protection, while in parallel a gradual return of IDPs to their areas of origin is recorded wherever security improves, the target population identified by the Shelter/NFI cluster was 703 975 in late July 2014, for an estimated need of 140 795 kits. Currently available assessments indicate that 38 811 houses require reconstruction. Supplementary assessments along new axes in conflict-affected areas are ongoing.

In the newly established sites in southern **Chad**, barely half of the displaced population has been allocated adequate shelter as of August 2014. Around 30 000 still leave under trees or in shelters of sub-standard quality.

Logistics

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, the prevailing insecurity further compounds the access situation rendering the delivery of humanitarian assistance more difficult or even impossible in certain remote places. These factors, combined with the lack of commercial companies serving inland destinations make humanitarian organisations largely reliant on humanitarian air services for their operations. Logistic support is thus needed.

Coordination and advocacy

The complex nature of the conflict in **CAR** in the context of an international military intervention and an upcoming United Nation's Peacekeeping Operation (UNPKO) require proper coordination and proper understanding of civil-military coordination guidelines. Concerted efforts on coordination and advocacy on principled actions will be needed, including in respect to possible repatriation or (re)integration options for the displaced in the region.

The spill over effects of the CAR crisis in neighbouring countries makes humanitarian coordination essential also in **Chad** and **Cameroon**. In these two countries where food insecurity and malnutrition are of a chronic nature and mainly related to structural under-development, advocacy will continue to be needed in respect to the LRRD[34]/resilience/AGIR[35] agenda.

Disaster Risk Reduction/Disaster Preparedness (DRR)

Saving the lives of populations exposed to natural hazards, notably floods and epidemics, requires suitable and viable preparedness measures to be taken / mainstreamed into projects to the extent possible, having in mind the constraints and limitations of the operating context. In all three countries, few resources are invested in disaster preparedness and risk reduction at national and local level, owing to lack of knowledge, funds and, to a certain extent, interest on the part of the responsible authorities.

34 Linking relief, rehabilitation and development (LRRD)

35 Global Alliance for Resilience Initiative (AGIR) - http://ec.europa.eu/echo/files/aid/countries/factsheets/sahel_agir_en.pdf

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

In **CAR**, where an elected Government is not yet in place, the Government "Cell" counterpart of OCHA[36] regularly meets with humanitarians and is getting gradually more involved in transition response, notably regarding the "Returns of IDP's and Sustainable Solutions". At sectoral level, an increasing involvement of the relevant ministries (such as health) in coordination structures is noted. 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** the authorities have confirmed the country's traditional acceptance of refugees and facilitated the identification of host sites. However, they consider that the new CAR refugees should provisionally remain in camps pending their return to CAR, while UNHCR plans to integrate them into local communities as soon as possible and has adapted its strategy accordingly.

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 through a large number of air rotations and road convoys. Site identification for the returnees remains a main issue requiring advocacy, and the same goes for the rationalisation of sites with a view to optimise the use of available resources. In the food and nutrition sectors, national and local authorities have gradually become aware of the issues related to hunger and extreme poverty, taking to some extent ownership of the response. The technical level is now fully sensitised and prepared to produce a response plan to a projected food emergency. The development of a national nutrition policy and the work started to develop a social protection strategy are commendable though embryonic efforts, as well as the elaboration of resilience priorities in the framework of AGIR. However, due to lacking human and financial resources, and with still limited political drive at the higher level, food and nutrition issues remain largely dealt with by the international community at present. Further support to national efforts is required.

2) International Humanitarian Response

In **Chad**, the humanitarian donor community is limited, consisting mainly of the EU, the US (BPRM[37]) and some bilateral cooperation, and thus has limited leverage in the face of huge humanitarian needs. Comprehensive donor coordination remains complex, all the more so since key players (USAID[38], DFID[39]) are not based in the country. Humanitarian coordination is ensured via OCHA and the cluster system with varying quality across sectors. Limited vision in terms of coordination and the lack of an adequate advocacy strategy affects the quality and efficiency of the response. The Strategic Response Plan (SRP) financing status was at 19% at mid-year (USD 623 000 000). The blurred line between humanitarian and resilience/development projects appears to be negatively affecting the level of financing.

36 United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)

37 United States Bureau of Population, Refugees, and Migration (BPRM)

38 United States Agency for International Development (USAID)

39 United Kingdom Department for International Development (DFID)

In **CAR**, following the December 2013 events, the level of both financial and human resources allocated by the international community increased significantly, notably after the crisis was declared an L3 emergency. As a result the funds allocated increased from USD 190 000 000 in 2013 to more than USD 360 000 000 in August 2014. More than 100 humanitarian actors are currently present in the field. However the situation seems to be marked by an overall delivery problem by the humanitarian community, only partly linked to the security situation. The L3 declaration in December 2013, which will be maintained until end 2014, helped to increase the UN urgent capacity to address the situation, showing in parallel the need to better define the coordination mechanisms in an increasingly complex crisis, as different mechanisms have been created. The ability to ensure access in the province remains an issue which will need to be tackled urgently in the framework of the MINUSCA[40] deployment.

In **Cameroon** a good intervention capacity and expertise by humanitarian actors was difficult to achieve at the onset of the refugee crisis; a balance between UN agencies and non-governmental organizations (NGO) will be continuously required in the months to come in order to uphold the response. In the Far North the humanitarian intervention in the nutrition sector is becoming increasingly challenging and few humanitarian agencies remain present. The International Committee of the Red Cross (ICRC) is the only organisation still having access to all conflict zones.

3) Constraints and ECHO response capacity

None of the three countries experiences outright denial or restriction 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. The main issues remain coordination and the definition of appropriate advocacy strategies. With the recent use of new humanitarian assessment tools (such as the HEA) the efficacy of the response – notably in the food and nutrition sector - has overall improved.

In **CAR** humanitarian access remains globally difficult and uneven. The North East region bordering Sudan (Vakaga) is among the least assisted, with only a few organisations running programs in remote control mode. The South East in general also remains difficult to access due to regular Lord's Resistance Army (LRA) attacks on villages. Accusations of partiality and lack of neutrality have in past months suspended the work of some organisations perceived as supporting specific communities. All these circumstances have led to a *de facto* absorption capacity problem. Access issues might be aggravated by a possible security vacuum during the handover period between the MISCA and the MINUSCA, which will officially take over on 15 September but will be fully deployed only in April/May 2015.

In **Cameroon**, response constraints are mainly linked to difficult logistics and insecurity in areas threatened by Boko Haram. 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

[40] See http://www.un.org/en/peacekeeping/missions/minusca/

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 and internally displaced populations in **CAR** will be addressed in the identified priority sectors, i.e. food aid/food assistance including market-based interventions and short-term support to livelihoods, as appropriate; emergency health and nutrition, WASH, shelter and NFIs. Protection interventions and integrated protection programming (including gender-based) will be supported whenever possible. The intervention strategy will include advocacy, coordination, safety& security and logistics operations, as appropriate, and will look at DRR mainstreaming where feasible. The response will be adjusted to the evolving needs, in a transition perspective and full coordination with the activities financed by the EUTF[41] for CAR, notably in the health and food sector.[42]

  Humanitarian aid to recent CAR refugees and returnees in **Chad** and **Cameroon** will continue in the main intervention sectors related to nutrition, water and sanitation, food aid, shelter, NFIs and protection. The pending profiling issue for most of the people leaving in sites will have to be addressed in order to define proper legal status for this population and avoid responsibility gaps by stakeholders. Humanitarian action will continue with a view to fill the outstanding assistance gaps, in full coordination and complementarity with planned longer-term interventions by other instruments (IcPS[43], EUTF CAR) meant to address reintegration and/or repatriation needs, as applicable, based on the principle of safe, voluntary and dignified return.

  An intervention in **Cameroon** Far North will also be required in response to the new incoming refugees from Nigeria and to the deteriorating situation of local populations affected by the conflict.

- The *protracted needs* of longstanding refugees (specifically the Darfuri refugees hosted in UNHCR camps in Eastern Chad) will be addressed via mandated actors, on the one hand by contributing to fill unmet needs - with particular attention to the nutritional status of the population in the camps -, on the other hand by seeking to further identify durable solutions for self-reliance in view of a gradual exit strategy of ECHO. The use of HEA will be further explored to maximise the use of resources and to swiftly shift from a status-based type of assistance to a vulnerability/poverty-targeted assistance. This approach will be developed in collaboration with other main donors (FFP[44], BPRM) who play a major role in this sector.

41 European Union Trust Fund (EUTF)

42 In this context, partners who implement, or plan to implement, stabilisation or 'hearts and minds' programmes may be excluded from ECHO funding if there is contradiction between those objectives and the humanitarian principles. A clear explanation of what stabilisation activities are implemented where and how safeguards are put in place to ensure respect for these principles and separation of mandates is a prerequisite.

43 Instrument contributing to Peace and Stability (IcPS)

44 United States Office of Food for Peace (FFP)

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 2014. Emergency food and nutrition interventions will as much as possible conform to the convergence criteria established jointly with development aid in the framework of the AGIR/Resilience agenda.

In **Chad**, ECHO's strategy will strongly focus on the implementation of the two main advocacy points of the Resilience/AGIR agenda, i.e. nutrition/health and social safety nets, by stepping up LRRD-oriented interventions in a shared strategic framework with EU development aid within the precinct of the 11th European Development Fund (EDF) National Indicative Programme (NIP). This approach will encompass a common logical, operational, programming and budgeting framework, allowing identifying complementary actions subject to common monitoring and evaluation, with shared indicators.

For this purpose, ECHO's intervention will concentrate on high-vulnerability areas jointly-identified with the EU Delegation where joint multisectoral analysis and programming is possible, and for which a set of convergence criteria for humanitarian and development projects can be developed.

The transition between humanitarian and development aid will be ensured trough a double targeting: nutrition/health through the *1 000-day strategy* (targeting children under-2 and Pregnant & Lactating Women, i.e. 15% of the total population), and food security through *seasonal safety nets* (targeting Poor/Very Poor people on 0% - 50% of the population for a few months/year).

In **Cameroon**, where interest for AGIR is nascent, a similar LRRD approach will be followed in view of a transition strategy in a defined time-frame, linked to the implementation of the 11th EDF NIP for Cameroon.

Epidemics and natural disasters

- **Epidemics preparedness and response:** In **Chad**, UNICEF and the health cluster members have pre-positioned drugs and materials in 34 districts along the border with Cameroon. An action plan has been developed by the Ministry of Health (MoH) with the support of World Health Organization (WHO) and UNICEF. In **CAR** measles continues to be an issue inside the country, with outbreaks reported in Berberati and Carnot requiring vaccination. Cholera preparedness is the focus of a specific task force within the health cluster. The MoH is also anticipating and preparing for a possible spread of the ebola to CAR. Within this context, a prompt and punctual response to epidemic outbreaks may be envisaged by ECHO.

- **Floods preparedness and response:** Flood preparedness is weak in **Chad** even if the event is recurrent. UN coordination and leadership is lacking and competing concerns have resulted in a de-prioritization of flood preparedness. Within this context, disaster preparedness and rapid response mechanisms will be mainstreamed as far as possible into relevant humanitarian interventions, and punctual emergency response interventions will be considered.

* * *

In the framework of its intervention ECHO will keep supporting effective and inclusive coordination, advocacy, safety and security operations as well as humanitarian air services in order to secure safe humanitarian access. Since January 2014, ECHO Flight has been operating in Chad in close coordination and complementarity with United Nations Humanitarian Air Services (UNHAS).

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 to allocate resources to foster the ITA roll-out.

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

Expected results of ECHO humanitarian aid intervention

- Conflict- and disaster-affected people's lives are saved and their basic livelihoods protected/restored through a dignified, timely, efficient, effective, needs-based and principled response.
- Acute needs of displaced populations are covered and their rights respected.
- Preparedness and resilience of communities to withstand external shocks are enhanced.

4. LRRD[45], COORDINATION AND TRANSITION

1) Other ECHO interventions

The 2014 HIP **Chad** had an initial allocation of EUR 29 500 000, later increased by EUR 2 000 000 in response to the first population influxes from CAR.

The 2014 HIP **Cameroon** had an initial allocation of EUR 2 000 000, later increased by EUR 1 000 000 to respond to the massive arrival of CAR refugees.

The 2014 HIP **CAR** had an initial allocation of EUR 14 500 000, later increased by EUR 8 000 000 after the December 2013 events. In CAR, moreover, emergency relief operations could be supported throughout 2014 thanks to an additional transfer of EUR 10 000 000 from EDF Envelope B made in December 2013.

The humanitarian response to **the regional effects of the CAR crisis** was complemented by a EUR 10 000 000 transfer from the 11th EDF Bridging Facility covering Chad and Cameroon.

Furthermore, in **Chad, CAR** and **Cameroon**, the EU Children in Peace initiative allowed implementing projects in the field of Education in emergencies.

[45] Linking relief, rehabilitation and development (LRRD)

In **Chad**, EUR 10 000 000 from the 11th EDF Bridging Facility were additionally released in spring 2014 to address emergency food needs in the Sahel belt.

In response to the cholera epidemics in the second half of 2014, EUR 120 000 were allocated through the IFRC-DREF[46] for **Cameroon** and EUR 250 000 were allocated through the Epidemics HIP for **Chad**.

2) Other services/donors availability

With regards to LRRD, an outstanding collaboration between ECHO and the EU Delegation has taken place in **Chad**, including, inter alia, ECHO participation in the programming of projects under the EU FSTP (Food Security Thematic Programme) in the Sahel belt. With the integration of the nutrition and food security sectors in the 11th EDF PIN, a joint road map has been drafted for a smooth transition between humanitarian projects supported by ECHO and projects addressing the structural, root causes supported by the EU Delegation. Further coordination/collaboration is being developed with DFID, as a result of a converging strategy and common approaches to address the humanitarian problems of Sahel.

In **CAR** the EU remains committed to comprehensively address the crisis in all its dimensions. Along with the humanitarian response provided by ECHO, during the crisis the EU has slowed down but not discontinued its development cooperation interventions in the framework of the 10th EDF. Although the absence of an elected government does not allow for the preparation of a National Indicative Program under the 11th EDF, a transitional development package of EUR 119 000 000 was approved, comprising a programme to restore basic social services (education-health) for EUR 27 000 000 in line with the LRRD approach. In addition the EU, with France, Germany and the Netherlands, have reiterated a long term commitment to CAR by setting up a European Union Trust Fund which will support CAR in a post-crisis scenario. The EUTF is meant to be a fast and flexible instrument operating in a strong LRRD perspective. Initial endowment of the EUTF is EUR 64 000 000 (EUR 41 000 000 of which from the European Commission: EUR 39 000 000 from the EDF and EUR 2 000 000 from the EU humanitarian aid budget).

3) Other concomitant EU interventions

In **Chad**, following the spillover of the CAR crisis and the inherent risk of destabilisation and radicalisation in the southern regions, an intervention of the IcPS has been programmed to complement ECHO's humanitarian activities in favour of the returnees, with focus on supporting local communities in their efforts to (re)integrate the returnees.

In **CAR**, the IcPS has also been deployed in the current crisis, with special focus on reconciliation/inter-religious dialogue and support to IDPs. In addition, the EU African Peace Facility financed the deployment of the African Union-led MISCA with an initial amount of EUR 50 000 000 (plus EUR 75 000 000 after the increase in the number of soldiers in December 2013) and the bulk of the EUTF CAR will be implemented in CAR.

[46] Disaster Relief Emergency Fund of the International Federation of Red Cross and Red Crescent Societies (IFRC-DREF)

In **Cameroon**, an intervention in favour of new refugees in camps and host communities is being programmed under the EUTF CAR.

4) Exit scenarios

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