

HUMANITARIAN IMPLEMENTATION PLAN (HIP)**CENTRAL AFRICAN REPUBLIC**

AMOUNT: EUR 22 500 000

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Since the end of 2013 fighting between armed groups have significantly increased, leading in the worst moments of the escalation of inter-communal violence to the displacement of almost 1 000 000 people over the country, including more than 500 000 only in Bangui. Moreover, this deteriorating security situation has led to new waves of displacement to neighbouring countries of both Central Africans and third country nationals living in CAR (notably to Chad, the Democratic Republic of Congo, Republic of Congo and Cameroon). Since December 2013 over 70 000 CAR refugees have sought haven in neighbouring countries. Moreover, the number of migrants evacuated to the previously mentioned countries from CAR is of around 97 000 people.

Despite the election of the new transitional President, Mrs Catherine Samba-Panza on 20th of January, many exactions and lootings are still reported in Bangui but also in the rest of the country. The humanitarian situation remains dramatic with civilians, mostly Muslims, being violently targeted. Security situation is volatile and fragile, especially in the Northern part of the country.

Although the number of IDPs (Internally displaced people) in the country has been decreasing since late January, the humanitarian situation remains dire. In capital city Bangui, the number of IDP's is still 190 000 (17th of March), while in the whole country the number of IDPs amounts over 615 000 people.

Religious based violence, insecurity and banditry prevent the rest of displaced populations from returning back home. Over half of the 4.6 million population of the country is in immediate need of aid and it is expected that the humanitarian situation will further deteriorate in 2014 due to the massive displacement of populations and the destruction of households since December 2013.

In parallel, the impact of the population movements (both refugees and returnees) fleeing to neighbouring countries needs also to be taken into consideration, providing support to the efforts deployed entitled to cover their immediate needs.

Therefore, following the High Level conference co-organized by ECHO¹ in January 2014, and given the humanitarian situation described above, the European Commission shall increase with EUR 8 000 000 the budget of the CAR HIP 2014. This increase is made in parallel with the increases foreseen in 2014 HIPs for Cameroon, Chad and the Democratic Republic of Congo (total amount of EUR 4 000 000), making the total additional funding provided by ECHO amounting to EUR 12 000 000.

¹ Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO)

The additional EUR 8 000 000 funding will be used to support the immediate response of the basic needs of people affected by violence and conflict in CAR.

1. CONTEXT

Central African Republic (CAR) is one of the poorest countries in the world with an estimated population of more than four million and has been classified in 2013 as one of the top 10 most dangerous countries by the Global Peace Index (153/162). For the last decades, the country suffered from poor governance and has proven unable to emerge from armed conflict. DG ECHO's Integrated Analysis Framework for 2013-14 has ranked the CAR crisis highest on the scale of needs (extreme humanitarian needs) and vulnerability (very high). In addition it continues to be identified as a forgotten crisis.

The situation in CAR has dramatically deteriorated over 2013 owing to the destabilisation of the regime from December 2012 as a result of attacks by a rebel coalition (the SELEKA) coming from the north-eastern part of the country and finally leading to the overthrow of President François Bozizé on March 24. Beginning of September, most transitional structures are in place. In July, the constitutional charter and the council for the transition were adopted and Nicolas Tiangaye was confirmed as Prime Minister. In August, the new board of the council for the transition was elected and Michel Djotodia sworn in as president of the Central African Republic on August 18. Despite attempts to put a political process on track, the situation has continued to deteriorate on the ground (in the capital and in the provinces) with recurrent incidents of fighting, attacks on civilians and since September 2013 confrontation between SELEKA and other armed groups along religious lines. This development constitutes a major risk for the country to fall into the trap of inter-community clashes.

Throughout the 2013 crisis, civilians have been victims of exactions on a daily basis encouraged by a widespread feeling of impunity. A major feature of the crisis has been the extreme violence to which the civilian population has been subjected to: thousands of houses have been burnt and hundreds of civilians have been arbitrary executed. In addition, there has been lootings of private houses, administrative offices, private companies and medical infrastructures which led to annihilation of the little improvement done in the last 10 years and plunged the country into a state of chaos postponing opportunities to shift from humanitarian assistance to development projects.

Humanitarian actors are working in a particularly difficult environment. They have been looted and have lost part of their stocks, vehicles and equipment.

The Central African crisis has moved from a protracted forgotten crisis characterized by chronic underdevelopment and localised emergency situations, where humanitarian indicators could easily reach emergency levels, into an acute emergency affecting the entire population and territory.

Before the 2013 events, the country was already one of the worst on the DG ECHO's vulnerability index (3 – just behind Somalia and South Sudan) and ranked 180/186 in the 2012 UNDP² Human Development Index. The average per capita gross domestic product (GDP) was USD 482 in 2011 (source WDI³). 62% of the population lives in poverty, and over three-fifths subsists on less than USD 1.25 per day. CAR was already not on track to achieve the Millennium Development Goals and the situation has drastically deteriorated since the SELEKA took power. The worsening humanitarian and security situation, and the weakening of CAR institutions affect the major part of the country and imply an urgent need to scale up humanitarian response in a context where humanitarian organisations and agencies have lost a major part of their operational capacity.

2. HUMANITARIAN NEEDS

1) Affected people / potential beneficiaries

The entire population of 4.6 million people is considered as affected by the ongoing humanitarian and political crisis. At the moment, based on the information provided by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), it is estimated that 1.6 million people are considered as extremely vulnerable over the country.

The recent internal conflict has resulted in increased displacements. It is considered that there are more than 225 000 internally displaced persons (IDPs) in the country but this figure is likely to be under-estimated as access limitations do not allow a full assessment of the situation. The crisis has driven more than 62 000 refugees outside CAR's borders, coming on top of the 150 000 who fled in the previous years.

Up to now, 484 000 people are seen as food insecure and a deterioration of the situation is predictable since the harvest will be dramatically reduced throughout the country.

2) Description of the most acute humanitarian needs

Protection: The current crisis is characterised by widespread and large-scale International Humanitarian Law (IHL) and Human Rights violations. These include killing and maiming, rape, abduction, forced recruitment including of children, loss of identification papers, deprivation of freedom of movement, extortion and illegal taxation, destruction of property and goods, and occupation of houses, schools and medical facilities. The impunity granted to the perpetrators continues to expose the population to such violations. In some cases humanitarian distributions have been followed by “taxation” of beneficiaries on the assistance received. As a consequence, the population is deeply traumatized and an all-pervasive sense of fear is felt in most parts of the country. The scale of violations throughout the territory poses challenges to conduct proper protection monitoring, which is required in order to strengthen the information on which much needed advocacy interventions should be based.

² United Nations Development Programme (UNDP)

³ World Bank's World Development Indicators (WDI)

Health and Nutrition: The current crisis has dismantled the structures of the already fragile health system. Health facilities have been looted, the medical staff has fled, and the medical supply chain has completely collapsed. Moreover, due to security reasons, access to health services has deteriorated over the past months.

Furthermore, development agencies have interrupted support to health programs and the already limited government service delivery capacity has been brought to a standstill.

While recent reliable data are scarce, all these circumstances, combined with the acute food insecurity reported in the evaluation done by the humanitarian actors active in the country, will 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 over the next 18 months.

Similarly, consequences of recurrent trauma on the mental health of the population are poorly documented and addressed. However, direct observation by humanitarian actors, including DG ECHO staff, points at high levels of trauma resulting from the 2013 on-going security incidents and attacks on the civilian population.

Food assistance and food security: Food/harvests, seeds and productive assets (tools, livestock etc.) have been looted and pillaged. Insecurity during preparation and planting of crops has limited the area cultivated and the crop maintenance, thus a reduced harvest in autumn 2013 is likely. In some areas the presence of hostile nomadic tribes severely constrains access to fields, and whole communities have not planted in 2013. Other livelihood activities (honey collection, trade, etc.) are limited by insecurity and market activities compromised by plundering and “taxation” at checkpoints. Households in the most conflict affected areas will increasingly have limited availability of food and decreasing income will limit access.

The poor harvest will limit food availability, and markets may not be able to respond to increased demand due to insecurity and lack of household access to them. Food utilization -including care and feeding practices- is likely to be compromised with concomitant impacts on food consumption, in particular for women and children. Acute food insecurity, disruption of health services and of WASH⁴ practices will dramatically 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.

⁴ Water, Sanitation and Hygiene

Water, hygiene, sanitation, shelter, non-food items: Before the crisis, less than 35% of the rural population had access to quality system water supplies and had 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. 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 the basic WASH services and promote better hygiene practices.

Logistics: Road conditions in CAR are generally very poor and some areas are usually landlocked for several months a year. Prevailing insecurity further compounds the access situation rendering the delivery of humanitarian assistance more difficult or even impossible in certain remote places. Humanitarian organisations are therefore reliant on the humanitarian air service for delivering their assistance.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

After the March 24 coup, the CAR fell into a state of chaos. The new authorities are unable to secure the territory, re-activate the healthcare system and provide the assistance needed to the population. They asked for humanitarian support and formally tried to facilitate as much as possible the humanitarian response. However, incidents of harassment/looting/killing of aid workers by groups or individuals affiliated to the new authorities are taking place. Local NGOs which were already weak in CAR before the coup have been particularly affected by the conflict.

2) International Humanitarian Response

Despite the extent of the needs, humanitarian funds remain scarce in CAR. The Consolidated Appeals (CAP) have remained underfunded (the 2012 CAP funding was funded at 42% of the requested USD 139 000 000). The 2013 CAP was initially of USD 129 311 203 and further extended to USD 195 136 527. The coverage was 35% on September 19.

The current crisis has triggered some level of mobilisation on the humanitarian side in favour of this crisis. In July 2013, the EU Commissioner for International Cooperation, Humanitarian Aid and Crisis Response and the UN Under-Secretary General for Humanitarian Affairs, jointly visited CAR (Bangui and Kaga Bandoro) in an effort to raise international awareness about the situation in this country. This has been followed up by high level advocacy to: a) call for an urgent political solution to the crisis and a restoration of security conditions and b) mobilise humanitarian response (funding and presence) in favour of CAR.

According to the UN Financial Tracking Service, the largest donors in CAR in the first half of 2013 were EU (19.2%), US (18.8%), Japan (9.6%), Sweden (8.6%) and CERF⁵ (8.4%).

International non-governmental organisations (INGOs) and UN have been largely looted. Some had to leave the country or scale down their presence for several weeks or several months. Even if they have lost part of their capacities to respond, the humanitarian community, in particular INGOs and the International Committee of the Red Cross (ICRC), have regained or scaled up their operations.

3) Constraints and DG ECHO response capacity

Security: Security of the population in general, humanitarian actors and beneficiaries in particular, is the main constraint in such a volatile and unpredictable environment in the entire territory including the capital city. With the additional funding allocated to CAR in 2013, DG ECHO has initiated a support to INGOs on security coordination and advice. Subject to the success of this initiative, DG ECHO intends to continue strengthening humanitarian actors' capacity to analyze the threats they and beneficiaries are exposed to.

Access/humanitarian space: Incidents against humanitarian actors are still reported, including in the capital. Accessing the most vulnerable is still a challenge and daily negotiations with the de facto new authorities are necessary. Some schools and health structures are still occupied by armed groups. Several armed forces and armed groups are spread all over the territory. In such a context, DG ECHO will advocate for respect of humanitarian space and humanitarian principles and if needed address the issue locally and internationally.

In addition, roads are in very bad condition and have been particularly deteriorated in the last 12 months. As a consequence, some parts of the country are cut off from Bangui during the rainy season. DG ECHO will advocate and in some cases support programs to guarantee humanitarian access to the most affected areas, notably by air transport.

Partner capacity and humanitarian coordination: As the security remains a major problem and as the living conditions are difficult in CAR, the international organizations have to face high staff turnover which affects their capacity in terms of contextual analysis and operational efficiency. DG ECHO intends to continue to support humanitarian actors to strengthen their security strategies and systems in order to remain operational in CAR.

In addition, despite the emergency crisis and the small number of humanitarian actors present in the country, the coordination remains a major problem and particularly weak point. Strengthening the coordination system will remain a priority for DG ECHO provided there is a clear willingness of stakeholders to improve coordination.

⁵ UN Central Emergency Response Fund (CERF)

Absorption capacity on the ground and efficiency of operations: With the increase of advocacy at international level and the increase of funding, the number of new partners has slightly increased. This constitutes both an opportunity, as it increases capacity to deliver, and a challenge as it will require more funding availability.

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

In 2014, DG ECHO intends to maintain its level of involvement in CAR in terms of funding but also in terms of advocacy. DG ECHO is an active member or observer in various humanitarian working groups and forums and will continue to advocate for better security for affected populations and respect of humanitarian principles and humanitarian space. DG ECHO will continue to bring valuable first-hand knowledge of the complex situations on the ground, which can help shape the response of both the humanitarian community, including other donors, and that of political and development stakeholders who should contribute to more structural and sustainable solutions. It has to be noted that DG ECHO is also only one of two donors with humanitarian representation in Bangui.

To trigger synergies and avoid overlapping, DG ECHO will intensify donor coordination efforts with Member States and other donors, both in the field and in headquarters. DG ECHO will focus its interventions in the areas where needs are the most urgent and where there is lesser donor attention and foster joint donor approaches.

As the crisis in CAR is a complex emergency, with both humanitarian and development needs intertwined, DG ECHO will seek synergies with development actors and donors. In all sectors, interventions will adopt, whenever possible, a community-based approach in terms of defining viable options to effectively help increasing resilience and meeting basic needs of the most vulnerable. This includes the identification of critical needs as prioritized by the communities, and the transfer of appropriate knowledge and resources.

Supporting a central early warning system, common support services and response to emergencies capacity through data collection and analysis in addition to rapid deployment of assessments and responses will be part of the strategy (Shelter, non-food items (NFI), wash, nutrition and health).

Effective coordination is essential. DG 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.

Sectors of intervention

Through the actions funded under this HIP, DG ECHO intervention strategy will focus on:

Protection: DG ECHO will support assistance to victims of violence (including gender based) and human right violations in the most affected areas. This will include medical and psychological support as well as legal support in the process of recovering their identity documents and properties.

Inter-community conflicts have been exacerbated since the March 24 coup. Conflict between cattle breeders and farmers has extended to the entire population in areas bordering Chad and is a major threat for the population and for humanitarian assistance delivery. In addition, the present conflict exacerbates tensions between religious communities. DG ECHO considers that conflict mitigation is under certain circumstances a pre-condition to increase humanitarian space and to prevent further serious human rights violations.

In addition, considering the fact that beneficiaries may be particularly exposed to human rights abuses following humanitarian assistance, DG ECHO will request partners to consider protection aspect in all projects submitted for funding. DG ECHO will support programs to mainstream protection, to monitor protection incidents, and to strengthen advocacy interventions.

Health and Nutrition: The overarching aim of DG ECHO will be to support the provision of health care in the most affected areas with a main focus on mothers and children. According to the scale of traumatic events, the necessary attention should be paid to mental health.

While the pre-crisis healthcare system barely managed to keep the main health indicators at an acceptable level, the breakdown of existing functional services due to recent events might need a punctual response as to restart activities and as such tackle for excess morbidity and mortality.

DG ECHO will maintain its capacity to support emergency responses to health and nutritional crises and will encourage surveillance of the nutritional situation.

From a public health point of view, emphasis will need to be put in the first place on the control of epidemic prone infectious diseases (vaccine-preventable diseases; malaria) and continuity of other lifesaving health interventions. The delivery of a basic package of high impact interventions, including community based delivery of certain packages is recommended. Eventual 'innovative approaches' towards this end need to be properly documented as to learn lessons for future similar situations.

Linking with longer term/development actors (including coordination with global health initiatives such as the GFATM⁶ will take place with a view to restoring a basic package of primary and secondary health services. In this context, DG ECHO supports the integration of acute under nutrition treatment in the minimum healthcare package.

Food assistance and food security: Food assistance will be a priority in 2014 to prevent a nationwide food security crisis. DG ECHO will support food assistance projects with a priority on supporting access to, and availability of, food in conflict affected areas. In this context, DG ECHO will look into market based interventions (cash transfer programming) and food aid *in combination* where possible.

Support to agriculture (access to seeds & tools) will be considered where households have safe access to land in order to strengthen adaptability and to maximise the opportunities for access to livelihoods where its lack is identified as the main constraint to food security. Food assistance to protect agricultural activities will be considered when poor access to food during critical periods of agriculture can result in a high risk of reduction of production.

Interventions targeting pastoralists with an objective of conflict mitigation will also be considered. Partners will be encouraged to integrate protection impacts in their interventions.

Water, hygiene, sanitation, shelter, non-food items: DG ECHO will still support emergency support to displaced people, returnees or to local population following the loss of basic infrastructure and goods. DG ECHO intends to support integrated actions relating to water, hygiene and sanitation ensuring a positive impact on public health and livelihoods.

Logistics, common services: DG ECHO will continue to support humanitarian access by maintaining critical road infrastructures and financing humanitarian air services. It will also support coordination efforts.

4. LRRD⁷, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

The state of chaos and the insecurity situation following the March 24 coup has led to a situation where most development projects were de-facto suspended for several months. Under the 2013 budget, the EU has undertaken to step up significantly its humanitarian assistance (from EUR 8 000 000 to EUR 20 000 000) including a transfer of EUR 3 000 000 from the European Development Fund (EDF).

The present intervention strategy will be reinforced, wherever possible and where appropriate, through the utilisation of the Epidemics HIP.

⁶ The Global Fund to Fight AIDS, Tuberculosis and Malaria

⁷ Linking relief, rehabilitation and development

2) Other services/donors availability

The EU intervention in CAR has also been redefined following the March 24 coup. Some EU Delegation projects have restarted in the North West and some projects have been redesigned.

3) Other concomitant EU interventions

In addition, the EU has mobilized EUR 10 000 000 under the Instrument for Stability facility to finance projects amongst others to restore the rule of law, to rebuild independent media and to strengthen inter-community dialogue.

4) Exit scenarios

Given the ongoing acute emergency in CAR, a short term exit scenario is not likely. Instead, synergies are being sought and a very close coordination with development actors, notably the EU Delegation and the development services of the European Commission, is ongoing in order to ensure complementary humanitarian and development approaches to address the consequences of the state fragility in CAR, and to restore and increase the resilience of the population.