
HUMANITARIAN IMPLEMENTATION PLAN (HIP)

CHAD

AMOUNT: EUR 31 500 000

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

The deteriorating security situation and increased sectarian violence in the Central African Republic (CAR) during recent weeks have led to new waves of displacement out of the country and reduced the return prospects of refugees and displaced populations.

As of 25th February 2014, a total of 70 913 people from CAR were registered by the International Organization for Migration (IOM) in Chad (54% women, 31% children, 96% Muslim). Half of this population is Chadian, 29% have dual nationality Chad/CAR, 20% are CAR nationals and 1% is from third countries. 16 742 of them arrived in N'Djamena by plane (82 rotations organised by the Chadian Government or IOM). The other 54 171 reached the south of Chad by road. Since their arrival in the country, less than a third has returned to their villages of origin. 70% are still in transit centers, mostly in the south: Gore (6 932), Sido (7 965), Sarh (10 571), Doba (6 494), Mbitoye (13 238), Moundou (1 865). 2 559 people remain in transit centers in N'Djamena and in Gaoui camp, 10 km from the capital.

Presently these people do not have a place to return to in Chad, and cannot return to CAR for security reasons. Added to this is the precariousness of potential host communities in a country where 2 million people are already suffering from food insecurity well before the start of the lean season. Therefore, a large number of displaced people sheltered in the transit sites have no real hope of short-term reintegration.

Faced with the urgent humanitarian needs of this population and with the difficulties of the Government to deal with such an influx, a coordinated humanitarian response is struggling to be set up and resources of international donors are currently very limited. Contributions to the Response Plan developed by the United Nations (USD 35 000 000 to assist 150 000 displaced people expected over a period of six months, including a United Nations World Food Programme emergency operation¹ of USD 16 300 000) totalled so far less than 8%.

An immediate multisectoral response in food assistance, primary and secondary health, hygiene water sanitation and non-food relief items is necessary in the six transit sites in the South, which have de facto become camps and will have to accommodate more Internally Displaced Persons (IDP) in the coming weeks. The resettlement process must also be supported in all the aspects related to humanitarian aid, pending the implementation of longer term measures.

Given the humanitarian situation described above, the European Commission will increase by EUR 2 000 000 the budget of the Chad HIP 2014. The additional funding will be used to support the immediate response of the basic needs of people affected by violence and conflict in CAR who have fled to Chad.

¹ WFP EMOP

1. CONTEXT

Chad is a large but sparsely populated land-locked country with a population of 11 830 000, bordered by Sudan, Libya, Niger, Nigeria, Cameroun and CAR. Roughly 60% of the national territory is desert, 25% falls in the semi-arid Sahel belt, while the remaining 15% approaches sub-tropical conditions but is subject to flooding.

The country is emerging from a long period of civil conflict. Following the normalisation of relations with Sudan in 2010, ending several years of proxy war during which each country supported each other's rebel groups, parliamentary, presidential and the first local elections were held in 2011 and 2012.

Chad relies on oil revenues (20% of GDP²), foreign assistance and foreign capital for most public and private sector investment projects. Oil exports started in 2004, and the peak production capacity of known oil fields has already been reached. Cotton, cattle, and gum arabic provide the bulk of Chad's non-oil export earnings.

The postponement of negotiations for an International Monetary Fund (IMF) reference programme, a prerequisite to reach the “completion point” of the World Bank Heavily Indebted Poor Countries (HIPC), has rendered Chad temporarily ineligible for both external borrowing and debt forgiveness under the Multilateral Debt Relief Initiative (MDRI). The Foreign Direct Investment (FDI) per capita remains one of the lowest in the region.

Despite recent improvements, Chad's infrastructure remains poor even by Least Developed Countries' (LDC) standards. Most of Chad's roads are unpaved and can become impassable during the rainy season, making some regions inaccessible. No commercial airlines operate in the country.

Officially, at least 80% of Chad's population relies on subsistence farming and raising livestock for its livelihood. Although difficult to quantify, remittances are also an important source of income. Inflows of remittances to Chad's impoverished Sahel regions from Libya have dried up since the 2011 conflict with the return of more than 150 000 Chadian migrants (3 308 of them in 2013). This continues to affect an already fragile livelihood base. A new wave of so far 1 582 Chadian economic migrants fleeing conflict outbreak in Nigeria has aggravated the situation.

United Nations Development Programme (UNDP) 2012 Human Development Index (HDI) places Chad 184th out of 186 countries. The Gross National Income (GNI) per capita is USD 1 258 per person. Life expectancy at birth is 49.9 years. Under-five mortality rate is 173 per 1 000 live births, while the maternal mortality rate per 100 000 births is 1 100, the highest worldwide according to UN Maternal Mortality Estimation Inter-agency Group (MMAIG). 22% of children are born with low birth weight and only 2% of children under 6 months are exclusively breastfed, United Nations Children's Fund (UNICEF) reports.

² Gross Domestic Product

The European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO) has assigned to Chad a Vulnerability and Crisis Index score of 3/3, its most severe ranking. DG ECHO's Integrated Analysis Framework for 2013-14 identified high humanitarian needs in Chad. The vulnerability of the population affected by the crisis is assessed to be very high. In addition, the man-made crises in the Eastern and Southern parts of the country (refugees from Sudan and from CAR) have, for the first time, been identified as a forgotten crisis.

Repeated food crises in recent years (2005, 2008, 2010 and 2012) have severely impacted on the poorest households' food security and nutrition status and eroded their resilience. The effect of these crises still persists and has limited the possibilities of rebuilding the livelihoods of affected families.

In 2012, 3.6 million people nationwide, one third of the total population, were affected by a food and nutrition crisis linked to poor 2011 harvests and high market prices for basic commodities in a context of scarce availability and access to health care. This situation was compounded by trade restrictions due to regional instability in Libya, Nigeria and, to a lesser extent, Sudan. A massive food-aid, cash and voucher response, started in 2012 and continued in 2013, has stabilised the situation by maintaining the food security status of vulnerable segments of the population, but without bringing structural improvements to their living conditions.

The regions of the Sahel belt of Chad remain highly food insecure due to harsh environmental conditions, eroded livelihoods and underdevelopment. Despite an exceptional harvest in 2012, the poorest households are still suffering from the consequences of recent food shocks, which have resulted in negative coping mechanisms and have durably affected their ability to produce and procure food. As a result, in 2013 2.1 million people were still food insecure, 1.5 million of them in the Sahel belt. With food prices steady above the five-year average, and with late rains and pest attacks undermining the 2013 agricultural season, food insecurity is projected to worsen in 2014.

Acute malnutrition rates have only deceptively declined in 2013 from the exceptional highs recorded countrywide in 2012. De facto, the nutrition situation remains very fragile. The results of the latest nutrition survey with Standardized Monitoring and Assessment of Relief and Transitions (SMART) methods conducted by UNICEF and the Ministry of Health in January-February 2013 in eleven regions of the Sahelian belt of Chad shows that in the immediate post-harvest season the Global Acute Malnutrition (GAM) rate was close to or above the emergency threshold of 15% in 5 regions (Bahr-El-Ghazal, Ouaddai, Kanem, Batha and Wadi Fira), and was critical in four others (10% – 15%). Only two regions had GAM rates below the alert threshold of 10%. The same survey conducted in the southern part of the country highlighted extremely high mortality levels for children under 5 years old that are above emergency thresholds in two regions.

The 2012/2013 favourable harvest (124% increase at national level compared to 2011/2012) did unfortunately not translate into a better nutrition outcome for children aged 6-59 months. Significantly enough, the capital city N'djamena and the Salamat region, known as the bread-basket of Chad, recorded GAM rates of 7% and 10% respectively. This not only points to a difficult food security situation, but to the complex nature of malnutrition in Chad, where poverty and access to basic health care, clean water, hygiene and appropriate infant and child feeding practices are a major

challenge.

If a scale-up of nutritional services by international actors has been recorded in recent years, still less than 50% of acutely malnourished children have access to appropriate treatment, and effective prevention strategies are lacking. The involvement of government and development partners in the nutrition sector is nascent.

Recurrent drought (2009/2010 and 2011/2012), floods (2010 and 2012) and epidemics (measles, meningitis and cholera) pose additional risks for a population with limited coping strategies. State services provide limited coverage and have insufficient resources, particularly in the health sector.

Chad's recent history is characterised by widespread internal conflict resulting in the internal displacement of over 181 000 persons, of whom 98 000 are still living in IDP settlements, and compounded by competition for limited resources, as well as the spill-over from conflicts in neighbouring countries.

While the sequels of past internal conflicts are being reabsorbed, the security situation in border areas remains highly volatile, in particular at the frontiers with Darfur and CAR. The deployment of regional security forces (*forces mixtes*) between the Sudan/Chad, CAR/Chad and Nigeria/Cameroon/Chad borders has proven effective, but its continued success depends on unceasing good relations between these countries.

In 2013, Chad has been at the junction of four major crises - Sudan, Central African Republic, Nigeria and Libya -, which have intensified its exposure to population movements. More than 87 000 new arrivals (refugees and returnees) from Darfur, CAR, Nigeria and Libya were recorded in the first half of 2013, over and above an old caseload of 355 000 refugees. In 2014, regional dynamics, including Chad's military projection in the region, could have a destabilising effect on the country and give rise to new humanitarian needs, thus aggravating the on-going complex emergency.

2. HUMANITARIAN NEEDS

1) Affected people / potential beneficiaries

It is estimated that 2.5 million people affected by different humanitarian crises in Chad will need multi-sectorial assistance in 2014, as follows:

- 2.1 million people food insecure country wide, of which 1.5 million in the Sahel belt, including 1 197 000 found severely food insecure in 2013.
- 550 000 acutely malnourished people in the Sahel belt, of which 150 000 children under 5 suffering from Severe Acute Malnutrition (SAM), 325 000 suffering from Moderate Acute Malnutrition (MAM) and at least 75 000 undernourished pregnant and lactating mothers.
- High level of under 5 year old child mortality in the southern regions with emergency threshold surpassed in two of them.

- Old and new caseloads of refugees - over 400 000 individuals, notably from Sudan (Darfur) and CAR in the East and in the South of Chad -, and most vulnerable returnees from Sudan, Nigeria and Libya (over 41 000 people arrived in 2013, adding to 90 000 returns in 2011-2012).

2) Description of most acute humanitarian needs

Nutrition needs in the larger Sahel Belt

In crisis year 2012, 3.6 million people were considered food insecure across Chad according to a WFP/Ministry of Agriculture survey. Of these, 2.2 million were in the Sahel regions, with 1.2 million severely food insecure and targeted for emergency assistance. In 2013, 2.1 million, of which 1.5 million in the Sahel, were still suffering from the effects of the crisis and therefore required continued emergency and early recovery assistance.

In 2014, the poorest households who rely on daily labour and on the markets to meet their food needs will not have access to an adequate and balanced diet without assistance.

Current forecasts for Chad predict that late rainfall will affect negatively the 2013/2014 harvest. To confirm the scale of the problem, WFP has been asked to launch an ENSA³ at the end of the harvest period (October/November 2013).

Heavy rains and risk of flood could also disrupt agricultural production. The likely incursion of adult locust populations from Libya and Sudan, coupled with the government's limited ability to reliably assess and manage a possible infestation is also of concern; large-scale crop destruction is a likely scenario.

Another crop failure in Chad, a food-deficit country⁴, compounded by border closures and trade restrictions with neighbouring countries, will affect the price of food commodities even further, and thus the food security of the poorest.

With the effective end of remittances (3 500 new Chadian returnees from Libya were recorded in 2013, adding to 90 000 previous returns in 2011-2012) and significant reduction of trade with Libya, the food security situation in the Northern regions of the Sahel is likely to be particularly tense given only marginal food production in this area (even in good harvest years), and limited alternative income generation opportunities for poor households.

Against this background, at least 1.5 million are projected to require food assistance to meet immediate needs and regain minimum levels of self-sufficiency where possible.

High GAM and SAM rates are expected to persist, particularly in the Sahel regions, given the multi-causal nature of malnutrition, for which emergency interventions will continue to be relevant.

³ Enquête Nationale de Sécurité Alimentaire/ National food security survey

⁴ Chad's import requirements in 2013 amounted to 177.8 TT (FAO)

Adjacent to the Sahel belt, the southern regions of Chad still suffer from low vaccination coverage, poor availability and access to basic services such as primary health care and water supply. This has resulted in extremely high level of under 5 year old child mortality above emergency threshold of 2 deaths per 10 000 under five year old children per day.

An estimated 550 000 people (475 000 under-five children and 75 000 pregnant and lactating mothers) will require life-saving treatment for acute malnutrition.

Priority must be given to improving coverage for the prevention and treatment of malnutrition, while giving access to adequate food, basic health care and water, sanitation, and hygiene promotion (WASH).

Efforts to consolidate recent gains and raise the profile of malnutrition in Chad will continue to be necessary to capitalise on the significant investments made in 2012-2013 and to firmly place malnutrition eradication among the top priorities of government and development actors.

In tandem, initiatives and studies to better understand the multiples causes of cyclical and chronic food security and nutrition crises, including household livelihood and coping mechanisms, are necessary to improve still nascent food security and nutrition information and early warning systems, with a view to contribute to outlining a shared and context-adapted resilience strategy.

Population movements

Refugees

Eastern Chad hosts 295 652 Sudanese refugees from Darfur since 2004, the majority of whom are expected to remain in camps in 2014. Local integration is still officially opposed by the Chadian authorities, although some openings have been recorded in 2013 to allow income-generation activities. Basic services are provided by United Nations High Commissioner for Refugees (UNHCR) and its partners across 12 refugee camps, with varying degrees of success. GAM rates continue to hover around 10%. The environmental impact of this population is significant in a delicate arid ecosystem. In 2010, 2011 and 2012 successive drought and floods added further stress to an already fragile environment.

Between December 2012 and April 2013, some 38 000 new Sudanese refugees, and 36 000 Chadian returnees arrived in Tissi (Sila) in the Sudan / Chad / CAR border region. These new movements appear to be the result of violent clashes between rival Salamat and Misseriya tribes in and around the town of Um Dukhum, South-West Darfur. After a slow initial response, refugees were pre-registered by UNHCR and relocated in a new camp site, Abgadam, close to the CAR border. This population is in need of continued support to address their basic needs (food, shelter, health, WASH, education). Water access and protection issues are of particular concern in Abgadam camp, and put into question the appropriateness of this site.

Southern Chad hosts an old caseload of 58 795 Central African refugees. Since July 2013, exactions by SELEKA rebels in the area around Markounda Maitikoulou in CAR caused the movement of some 6 800 refugees to the Moissala area of Mandoul region in southern Chad. The majority of this population is reported to be composed of women, children, vulnerable individuals as well as persons with disabilities. Based on initial assessments, refugees are in need of food, shelter, water and sanitation. Possible disease outbreaks are also of concern. The extension of the existing Dosseye and Beloum camps to house an additional 10 000 persons is being considered by UNHCR.

With continued instability in CAR, the majority of these refugees are likely to remain in Chad in 2014 and new arrivals are expected. In recent years support was provided to CAR refugees in the South of Chad through the EU Delegation's Linking Relief Rehabilitation and Development (LRRD) programme funded through the Food Security Thematic Programme (FSTP). With the end of this programme and the new CAR refugee influx in 2013, humanitarian response will need to be readjusted.

Due to growing insecurity in CAR and in the Darfur regions of Sudan, refugees in the East and the South of the country will require continuous and possibly increasing humanitarian attention.

In addition, since April 2013, in the Lac Region at the Nigerian border, 2 000 persons from Nigeria have been registered by local authorities, IOM and UNHCR. Of these, 418 were refugees seeking asylum, while the remaining 1 582 were Chadian nationals fleeing violence-stricken localities in Borno State. Figures recorded by UNICEF include 269 talibés children arrived in Chad with their marabouts⁵. Response to this population movement has been limited and slow, and basic needs remain to be addressed.

IDPs / Returnees

Since 2005, 181 000 persons have been internally displaced in Eastern Chad. The normalisation of relations with Sudan in 2010 and improved security conditions triggered a growing number of return movements. By 2012, up to 83 000 IDPs returned to their areas of origin, with many choosing to relocate from their villages of origin to denser population zones for safety reasons. In 2013, the Government of Chad, after giving three options for relocation to those not yet settled, declared that it would no longer recognise their IDP status. Access to basic services in resettlement areas remains a major constraint. The sustainability of returns is also largely dependent on the security environment and positive relations with Sudan.

As of early 2013, deteriorating security conditions in Darfur triggered the return of 36 000 new Chadian nationals to Tissi. While IOM supported their return to their villages of origin, the most vulnerable among them are still in need of support to get minimum livelihood prospects.

Sporadic returns of Chadian nationals from Libya also continue. IOM has registered over 3 500 returnees arriving in Faya in the first half of 2013. These are all men aged 19-48 who have been held in detention centres in Libya since 2011. This population requires medical assistance, psychosocial support and onward transportation.

Natural disasters

⁵ Talibés are children under the de facto care and education of Qur'anic scholars called Marabouts.

As in previous years, needs related to natural disasters and epidemic outbreaks are likely to emerge, including targeted prevention / preparedness activities.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

While the government's awareness of humanitarian needs is increasing, in particular as far as malnutrition is concerned, response to needs is still hampered by limited capacity and resources and competing priorities. Statements of intentions, now partly enshrined in the 2013-2015 National Development Plan, are to be translated into concrete actions on the ground.

2) International Humanitarian Response

The 2013 consolidated appeal for funds (CAP) was revised in a Mid-Year Review process from USD 500 000 000 to USD 510 000 000 to meet the multi-sectorial humanitarian needs in Chad taking account of the new population movements since the beginning of the year. As from August 2013, the CAP was financed at 39%, and quite unevenly (food security: 74%; nutrition: 21.7%; WASH: 15%; health: 16%; early recovery and education: 0%).

The main humanitarian donors in 2012 are the US with a total assistance programme in Chad of USD 177 million, the European Union (EUR 59,2 million), Canada (USD 14 million), CERF (USD 14 million), Japan (USD 13 million), Sweden (USD 11 million), Germany (USD 5 million), Australia (USD 5 million), France (USD 4 million), UK (USD 3.3 million).

3) Constraints and DG ECHO response capacity

Insecurity and access: Bad road conditions may limit access during the rainy season. In 2013, security conditions were acceptable but lawlessness and banditry are still a risk for humanitarian operations and will remain so in 2014, mainly in the East of the country. In the Western Sahel belt, security is not considered a major threat to access. Changes in the security situation on the ground, including due to new political instability in the region, will have the potential to limit humanitarian relief efforts, restricting access to beneficiaries and reducing the number of partners on the ground.

Partners: The humanitarian community is overstretched, faces a shortage of experienced staff and rapid turnover, which limits its capacity to carry out context analysis and networking. In the Sahel belt new partners have arrived progressively in 2011, 2012 and 2013, resulting in minimum coverage to respond to humanitarian emergencies. This coverage remains insufficient for large-scale targeted humanitarian interventions, the implementation of LRRD initiatives, Disaster Risk Reduction (DRR), and early recovery and resilience interventions.

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

DG ECHO intends to focus its response on providing multi-sectorial assistance to 2.5 million beneficiaries affected by different humanitarian crises in Chad in a way that fosters their resilience to recurrent shocks. Given the situation on the ground, the main emphasis will be on targeting vulnerable populations affected by food and nutrition crises and on assisting old and new caseloads of refugees and returnees. Assistance to IDPs will be integrated into regular needs-based programming.

At the same time, DG ECHO will continue to promote the resilience of the poorest by ensuring emergency programmes contribute to make sustainable changes, when feasible.

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.

The main guiding principles for intervention are the following:

For the food and nutrition crisis

Priority in humanitarian action needs to be constantly given to improving access to the treatment of malnutrition and health care for vulnerable children under 5 years of age and for pregnant and nursing women. Emergency food assistance is also a priority: actions to secure food pipelines on time and emergency cash transfers will be part of the response package.

Due to uncertainty in relation to the expected harvest and market prices in 2014, DG ECHO will need to adjust its programming according to how the situation develops.

Based on identified needs and on available resources, beyond and through emergency life-saving nutrition and food security operations priorities, opportunities for resilience building interventions will be looked for, which will be appraised with an LRRD perspective. In the event of new external shocks, support for emergency nutrition and food security operations (including General Food distributions and Blanket Feeding operations) will remain a priority.

High GAM and SAM rates will persist in most Sahel regions, given the multiple and yet unaddressed root causes of malnutrition. Emergency interventions will continue to be relevant in 2014 while DG ECHO will continue to build capacities and awareness to ensure acute malnutrition does not remain the task of humanitarians alone. DG ECHO will steadily advocate for acute and chronic undernutrition to be addressed as a priority by Government and development actors, thus building on Government's commitments

in the context of several initiatives such as SUN⁶, REACH⁷ and AGIR⁸. Special attention will thus be paid to innovative actions and those that aim to durably reinforce capacity (both individual and institutional).

Depending on the evolving situation, the result of new SMART surveys and available resources, including funds made available by other donors, DG ECHO may need to concentrate resources in regions with GAM rates at or above emergency thresholds ($\geq 15\%$ or from 10% to 14,9% with aggravating factors : epidemics, high mortality and morbidity rate, food insecurity, displacement of population).

In sum, the two-pillar strategic approach developed by DG ECHO for the Sahel countries of West Africa will also apply to the Sahel belt of Chad:

Pillar 1 - Management of acute malnutrition and associated diseases in order to reduce mortality. Operations to be funded under Pillar 1 may include:

- Detection and quality treatment of acutely malnourished children and pregnant and lactating women, and their integration within existing health systems.
- Quality improvement of integrated acute malnutrition management (including measures to improve performance criteria, to improve pipelines of essential drugs and nutrition supplies, to improve involvement of communities, to improve integration of WASH in nutrition, etc.).
- Improvement of coverage of malnourished children to be effectively treated.
- Improvement of integrated surveillance, information and monitoring systems related to malnutrition.

Pillar 2 - Contributing to strengthen resilience of the poorest populations in order to build nutrition and food security. Operations to be funded under Pillar 2 may include:

- Measures to improve the preparedness and response to conjectural shocks (including improvement of early warning systems, food assistance response systems, supply and targeting and supplementary feeding programmes).
- Pilot projects related to the prevention of malnutrition and/or to the increase of resilience will be considered in view of finding more efficient programming packages enabling to reduce the burden of food insecurity and malnutrition.

⁶ SUN is a global movement led by countries working together to scale up nutrition.

⁷ REACH (Renew Effort Against Child Hunger and Undernutrition) is an initiative of four UN agencies (FAO, WHO, WFP and UNICEF) to help governments in countries with high rates of malnutrition to increase interventions on child malnutrition and women through partnership and coordinated action of UN agencies, Development Partners and Civil Society, under the direction of Governments.

⁸ Alliance Globale pour l'Initiative Résilience - Sahel

- Measures to support advocacy and reinforced link with development actors, in order to obtain that eradicating malnutrition and increasing resilience of the most vulnerable become a priority focus of national policies and are supported by development actors.

At the edge of the Sahelian belt, and therefore in margin of the nutrition and food crisis, the population leaving in the southern regions suffers from extremely high levels of under 5 year old child mortality. These death rates have been highlighted during SMART surveys showing emergency threshold surpassed for retrospective mortality in two southern regions. Specific attention will be needed for these populations.

Displaced populations (Refugees/IDPs/returnees)

The priority will be the provision of essential life-saving services to vulnerable populations with an emphasis on malnutrition, protection, WASH. As the situation allows, support to facilitated returns will be considered. Emphasis will be put on alternative solutions to fight against high GAM and food insecurity rates that still persist in camps.

The extension of the Sahel Plan to the Eastern regions of the Sahel belt, a process already underway, should continue so as to incorporate former IDPs. If relevant, specific attention will be paid to the outstanding needs of recent returnees, notably from Sudan and Nigeria.

At national level, effective coordination will be paramount in implementing quality operations in a principled, timely and cost effective way. DG ECHO will continue to promote effective and inclusive humanitarian coordination. Support to partners in terms of safe humanitarian access, by means of advocacy, logistics and air transport will continue. Emphasis will also be placed on emergency preparedness, prevention and response to new displacement and epidemics. Given the limited coordination and response capacities available within the humanitarian community and the variety of hazards Chad is faced with, timely emergency response to new natural or man-made disasters will remain crucial. DG ECHO will seek to support any new rapid response mechanisms able to address sudden onset emergencies in a timely fashion. Mainstreaming of disaster risk reduction, protection, gender remain an overarching guiding principle.

4. LRRD, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

As described in the section 1 above, Chad is regularly hit every year by natural disasters and outbreaks of epidemics. Based on new emerging needs, the present intervention strategy may be complemented by additional funding under DG ECHO Epidemics and/or Small Scale Response HIPs.

2) Other services/donors availability

International donor presence in Chad remains limited. In 2014 Chad might benefit from funding from the Department for International Development's (DFID) regional (Sahel) programme currently under negotiation, as well as from some funding from the Office of U.S. Foreign Disaster Assistance (OFDA) country programme (amount still to be defined). It should be noted that neither DFID nor OFDA/United States Agency for International Development (USAID) are present in Chad. Other small ad-hoc contributions from EU Member States and other countries (Turkey, Morocco) are expected.

3) Other concomitant EU interventions

Close working relations between DG ECHO and the EU Delegation in Chad have been maintained and further developed over the past years. Joint missions and assessments have preceded the programming of 24 MEUR FSTP transition funding in 2013. Through these funds some current DG ECHO partners will be supported by the EU Delegation in 2014 both in Eastern Chad and in the Sahel belt. Progress on transition/LRRD issues is very encouraging. Steps have been taken to sensitise old and new development donors to humanitarian topics, with a view of putting Chad more prominently on their agenda. These efforts need to be sustained. Increased leadership by the UN system is necessary to help prioritise urgent humanitarian and transition issues.

Following a successful collaboration with the EU Delegation on the elaboration of the 11th European Development Fund (EDF) first phase strategic document, particular attention will be paid in 2014 to supporting the EU Delegation on 11th EDF programming (sector 1 – rural development, food security, nutrition) to ensure effective LRRD and pro-poor targeting. Key considerations such as social safety nets, free access to primary health care, integration of prevention and treatment of malnutrition within the minimum health package, etc. will require in-depth technical and strategic discussions. Programming of the 11th EDF is closely linked to the National Development Plan (NDP) 2013-2015 and to the elaboration of sectorial action plans. In particular, the elaboration of a National Nutrition Policy expected by end 2013, will gauge the Government's political commitment to fight malnutrition.

4) Exit scenarios

New developments in Chad have opened up opportunities to strengthen and enlarge LRRD processes. The recent adhesion to the SUN Movement by the Chadian government and the presence in Chad of a REACH facilitator are expected to pave the way for better advocacy around nutrition. DFID has been working on a mid-term financial programming in the Sahel region looking at a three-year plan including resilience activities. As indicated, the EU has included a specific sector on nutrition, food security and rural development in the 11th EDF programming. All these new strategies and tools are opportunities for DG ECHO to link up its emergency interventions to a sustainable development agenda within the same framework of action.

The political support for DG ECHO interventions has been greatly enhanced by the AGIR Sahel initiative to increase investment in strengthening resilience. AGIR has the support of governments, including Chad's, relevant regional bodies, EU Member States, the UN and the main development donors. The Commission has hosted a number of important high-level meetings to advance the alliance AGIR and will be in the forefront of joint humanitarian and development efforts to fully commit to strengthening resilience especially through encouragement of seasonal social safety net mechanisms to catch the most vulnerable before they fall into crisis during the hungry period of the year.

Against this background, a medium-term exit scenario can be envisaged, subject to successful LRRD and on the assumption of continued stability in the country.