

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

CENTRAL AFRICAN REPUBLIC

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

- 1) Rebel coalition SELEKA took up arms on 10 December 2012 and denounced the non-respect of the peace agreements signed in 2007 and 2011 with the Government of the Central African Republic. On 21 December 2012, the heads of state of the Economic Community of Central African States called for the opening of negotiations which led to peace accords on 11 January 2013.
- 2) The current situation remains highly uncertain and SELEKA still occupies two thirds of the territory despite the signed peace agreement. Many non-governmental organizations (NGOs) have been and still are regularly looted. Some rebel groups continue to attack civilians and cause population movements.
- 3) Humanitarian access remains difficult and recent assessments have identified significant additional needs. These needs mainly concern the sectors of food security, health and protection. The origin of these needs results from the loss of agricultural inputs due to fighting and population movements in an emergency context.
- 4) An additional budget of 4,000,000 EUR will be used to meet the further needs generated by the late 2012 crisis and to implement emergency interventions in areas affected by the conflict which were not considered in the first version of HIP 2013.

1. CONTEXT

Central African Republic (CAR) is a very poor country of 4.5 million people which has recently emerged from over a decade of armed conflict, but where little progress is being made in the key areas of Security Sector Reform (SSR) and Disarmament Demobilisation and Reintegration (DDR). In mid-2012, CAR had 75,198 internally displaced persons (IDPs), 39,855 recent returnees and 19,867 refugees, and there were 150,000 refugees from CAR in Cameroon and Chad. CAR has the second worst DG ECHO¹ vulnerability index (2.81 – just behind Somalia – 2.88) and ranks 179/187 in the 2011 UNDP² Human Development Index. The average per capita gross domestic product (GDP) was USD 350 in 2009. 62% of the population lives in poverty, and over three-fifths subsists on less than USD 1.25 per day. There is only one medical doctor for every 55,500 inhabitants and one qualified nurse for every 7,000. 105 of every 1,000 infants die before their first birthday and 174 of every 1,000 children die before the age of five. The maternal mortality ratio increased to 1,335 deaths per 100,000 live births in 2003. Only 67% of the population is using an

¹ Directorate General for Humanitarian aid and Civil Protection

² United Nations Development Programme

improved drinking water source and 34% an improved sanitation facility. Markets are generally underdeveloped, thus increasing household vulnerability: sale of production and access to basic goods is limited by access problems, lack of price information and lack of demand. CAR was recently classified as one of the top 10 most dangerous countries in the world by the Global Peace Index.

In the South East, the Lord's Resistance Army (LRA) remains the main threat and it is still not safe for people displaced since 2009, both internally and in DRC, to return to their areas of origin. Groups of bandits have appeared on the roads and rebel groups are active in the northern part of this area, in the vicinity of the gold and diamond mines. There are also increasing tensions between the local agriculturalists and the nomadic Peul cattle breeders, who are often accused of supporting the LRA.

In the North East, a first wave of population displacement came in 2009 as a result of conflict between CPJP³ and Government forces, followed by a second wave in April-September 2011 as a result of CPJP-UFDR⁴, fighting. Although a peace deal was reached in October 2011, the DDR process has not yet started in the North East and the rebel groups remain largely in control of their territory. Conditions are very difficult in the places of origin, where the majority of IDPs have to return.

In the North Centre, a Chadian rebel group, FPR⁵, dominated the region until February 2012, when an attack launched jointly by the Chadian and CAR armies generated new displacements. Further displacements have arisen from clashes between Peul cattle breeders from Chad and local populations. Insecurity is rife, with recent incidents of car-jacking, looting of humanitarian compounds and hostage taking.

In the North West, the situation remains fragile because of lack of progress on the reinsertion and reintegration of ex-combatants and insufficient state presence. As a result, most of the people displaced in 2005 and 2007 have not yet returned. New displacements have occurred as a result of clashes between Peul cattle breeders from Chad and local populations, which have been worse than in the previous years because of growing competition for scarce natural resources and the security vacuum. The recent appearance of several unidentified armed groups in the area is also a source of concern.

The South West is affected by the economic recession that has hit the timber and diamond industries. Gangs of poachers and armed men are being reported more and more frequently, but generalised insecurity is not an issue.

Several international and foreign forces are currently deployed in CAR. MICOPAX (Mission for the Consolidation of Peace in CAR) is present in the North and North East, but is poorly resourced and is largely focused on DDR; its mandate

³ Convention des Patriotes pour la Justice et la Paix

⁴ Union des Forces Démocratiques pour le Rassemblement

⁵ Front Populaire pour le Redressement

expires end 2013. The Ugandan army (UPDF) supported by US military advisors is countering the LRA in the South East. A small number of French troops are stationed around Bangui airport and are helping to strengthen the CAR military hierarchy. South Africa has a small military cooperation mission. The Chadian army appears to have right of pursuit in border areas and is even able to occupy a prefecture at the request of the government. In May 2011 a tripartite Sudan/Chad/CAR force was set up to secure the North East border area.

CAR is designated as a forgotten crisis: its volatile context and very poor humanitarian situation is largely unknown; major donors are thin on the ground; and there is a lack of experienced partners. The multiple population displacements affect relatively small numbers of people compared with neighbouring countries; but the various vulnerability indicators are very worrying and reflect a lack of resilience of the population to absorb even minor shocks.

2. HUMANITARIAN NEEDS

1) Affected people/ potential beneficiaries

In mid-2012 there were 75,198 IDPs, 39,855 recent returnees, and 19,867 refugees in CAR. All figures are estimates as access limitations do not allow a full assessment of the situation. The affected regions are:

South East (Mbomou, Haut Mbomou): 5,361 refugees who fled from LRA violence in DRC, 22,243 IDPs and 30,000 residents are confined to the main urban areas, for fear of being attacked by the LRA if they move out into the countryside. In the absence of return and the consequent increased access to agricultural lands, food assistance needs remain, although they have decreased somewhat thanks to the sustainability and reduction of dependency achieved during the past three years of assistance. Victims of LRA attacks and the clashes with the Peul still have need of protection assistance.

North East (Vakaga, Haute Kotto): 6,861 IDPs and 14,398 recent returnees. The majority of IDPs have now returned to their place of origin where the conditions are difficult because of destruction of villages and ruined livelihoods. In June 2012 a difficult food security situation, high rates of acute malnutrition and cases of measles were reported in the return areas of Vakaga.

North Centre (extreme East of Ouham, Nana Gribizi, and Bamingui Bangoran): 18,486 IDPs, resulting mainly from the conflict in February 2012 between the Chadian and CAR armies and the FPR. Pressure on the main towns is increased by the presence of IDPs and assistance is needed to support their return in their village of origin.

North West (Nana Mambere, Ouham and Ouham Pende): The return movement of IDPs and of refugees from Chad and Cameroon has gathered momentum. However, 34,160 people remain displaced, despite the relative calm. The security

vacuum left after the APRD⁶ disarmament has left people unprotected against the Peul nomadic herders from Chad. Tensions between Peul and local people culminated in February 2012 in Batangafo, with killings, destruction of villages and the displacement of 2,000 people.

Centre (Ouaka): 3,036 IDPs resulting from the September 2011 fighting between CPJP and UFDR remain. 1,964 Sudanese refugees were relocated by UNHCR from Sam Ouandja (Haute Kotto) to the safer haven of Bambari (Ouaka) in November 2010.

South West (Lobaye, Nana Mamberé, Nana Kadeï): the risk of acute malnutrition (linked to the poor economic situation) must be monitored. The zone also hosts 6,978 Congolese refugees from the neighbouring Equateur province who fled at the end of 2009 because of fear of violence. The repatriation process for them is expected to start in the second half of 2012.

2) Description of most acute humanitarian needs

Although needs vary according to the conflict and displacement dynamics in each geographical area, the most acute humanitarian needs (per sector) are as follows:

Food assistance: food assistance remains necessary in the immediate post-displacement period, in support of agricultural projects and during the hunger gap. Refugees and IDPs have access to land. Support for coping mechanisms, protection of livelihoods and restoration of self-reliance is necessary for the affected populations including the recent returnees.

Nutrition: national average rates of Global Acute Malnutrition and Severe Acute Malnutrition are below emergency thresholds but this hides a wide regional variation. Malnutrition is generally low in the areas of displacement even during the hunger gap period. Owing to food habits, diet is poor, and the deterioration of the economic or security situation can quickly push the most vulnerable populations into malnutrition, so careful monitoring is required. Malnutrition is not properly integrated into the health system and reference structures are absent or inefficient.

Health: There is very little provision outside Bangui, and cost recovery is a constraint for both patients and medical personnel. Free medical services are provided by humanitarian actors in the worst affected areas, but access is limited in some places by insecurity. Neglected diseases such as Human African Trypanosomiasis (HAT) continue to be prevalent in some areas. Utilisation of funding available from the GFATM⁷ to control Malaria, HIV/AIDS and Tuberculosis is made ineffective by chronic corruption and mismanagement.

⁶ L'Armée Populaire pour la restauration de la république et la démocratie

⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria

WASH: only 35% of the rural population has access to quality water sources, and access to good sanitation and hygiene is inadequate. This problem is worse in regions affected by conflict, population displacement and access restrictions.

Shelter and non-food items (NFI): needs are recurrent, arising from sudden internal or refugee displacements. Timely responses are often constrained by the absence of contingency stocks, difficult logistics and capacity constraints.

Protection: violations of human rights and exactions perpetrated by armed groups continue, but it is extremely difficult to estimate their magnitude because of access constraints and lack of reliable data. Inter-ethnic violence and tensions between local populations and nomadic herders are increasing in some areas. Freedom of movement – and consequently access to livelihoods and services – is limited due to insecurity and the risk of arbitrary arrest and detention due to lack of/loss of documentation.

Logistics: CAR is landlocked and has a very poor road network, with much of the country inaccessible during the rainy season. Domestic road transport is hampered even further by insecurity, and both commercial and humanitarian convoys are increasingly using armed escorts. Bringing supplies into the country from abroad is very costly and time-consuming. Aid organisations mostly rely on UNHAS⁸ flights to transport their staff.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

As a consequence of the very weak government capacity, humanitarian aid is delivered in a context where, outside the capital, almost all state services are absent.

2) International Humanitarian Response

Despite the extent of the needs, humanitarian funds remain scarce in CAR. The 2011 Consolidated Appeal (CAP) funding coverage was 42% of the requested USD 139,000,000. The 2012 CAP coverage was 41% at the end of June.

According to the UN Financial Tracking Service, the largest donors in CAR in the first half of 2012 were US (23.5%), EU (18.3%), Japan (13%), CERF (7.3%) and Sweden (4.6%). The UN's CHF pool fund is also a significant source of funding for the CAP, with most of its contributors being European countries. The various UN agencies also face difficulties in securing funding for their programmes.

⁸ United Nations Humanitarian Air Service

3) Constraints and DG ECHO response capacity

i) Access/humanitarian space: in 2012 security conditions continued to be challenging, especially in the border areas where security cannot be guaranteed by the state and banditry is on the rise. CAR has recently been classified as one of the top 10 most dangerous countries in the world by the Global Peace Index.

Even in Bangui social tensions are increasing. There are frequent security incidents involving humanitarians. International organisations have had personnel sequestered, expatriates kidnapped and relief distribution items and compounds looted, despite the presence nearby of international or national armed forces. Armed escorts are now being used by the UN and some NGOs in the South East of CAR.

ii) Partner capacity: because CAR is such a difficult posting, humanitarian organisations tend to have a rapid turnover of staff, which directly affects their capacity in terms of contextual analysis and operational efficiency. In addition other highly visible humanitarian crises tend to divert experienced international personnel away from forgotten crises such as CAR, which reduces overall project quality and the ability to react to new needs. Humanitarian coordination, common services and information sharing all need to be considerably improved, and the cluster system is still very weak.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions⁹

Given the extent of the needs and the very difficult operating environment, particularly in terms of capacity and structural problems, DG ECHO intends to slightly increase its current level of involvement in CAR, in terms of both funding and 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 argue for the consideration of cross-cutting issues such as gender discrimination and violence, respect of human rights and protection. Advocacy towards development donors for a stronger involvement in the support of social services and for transparency and accountability in the use of resources will also be pursued.

Sectors of intervention

In 2013, DG ECHO will continue to focus its interventions mainly in conflict areas to provide for the basic needs of IDPs and in return areas to support livelihood restoration for returnees. Supporting a central capacity to respond to emergencies through rapid deployment of assessments and responses will be part of the strategy. This can be done in several sectors including non-food items (NFIs), Water, Hygiene and Sanitation (WASH), Nutrition, Food assistance and Protection.

⁹ This response takes account of DG ECHO's operational policies http://ec.europa.eu/echo/policies/strategy_en.htm and "CAR Operational Recommendations 2013".

Food assistance: Targeted food assistance will be continued where food gaps have been identified, in particular following displacement, and to support agricultural activities. Because of the weak capacity to react and the difficulties of pipeline supply, stock positioning will be considered, based on a nationwide reaction and rapid implementation capacity. DG ECHO will aim to reduce the dependency of affected populations on humanitarian assistance through financing projects with a medium-term vision which develop coping mechanisms, protect livelihoods and promote self-reliance. DG ECHO will also actively encourage partners to explore the cash transfer modality.

Nutrition: DG ECHO will maintain its capacity to support emergency responses to nutritional crises and will encourage surveillance of the nutritional situation, the devolution of national reference structures and personnel, and the integration of nutrition in health programmes. The treatment of moderate malnutrition will be encouraged in the worst affected areas. Integrated approaches will be encouraged, taking into account the national nutritional protocols validated in CAR and the African strategy for child survival and development.

Health: DG ECHO will seek to support the provision of quality primary and basic secondary health care in the most affected areas with a main focus on mothers and children. The capacity to assess and respond to emergencies arising from violence, displacement and epidemics remains a priority.

WASH: DG ECHO will focus on people recently displaced and on the re-integration of returnees, in complementarity with the large drilling programme that the EU initiated in 2012 under the Water Facility in Bambari, Bouar and Bosangoa.

Shelter and NFIs: DG ECHO will seek to increase the capacity to react to the emergency provision of NFIs through a Rapid Reaction Mechanism, adapted to the particular conditions of displacement in CAR.

Protection: DG ECHO will support direct integrated assistance to the victims of violence (including gender based violence, GBV) and human rights abuses in the most affected regions, covering legal assistance, reintegration, psycho-social support and medical care. Awareness-raising of and capacity building on protection issues will be also encouraged. Strengthening of the Protection cluster will be considered.

Logistics: DG ECHO will maintain its support for humanitarian air transport. Support for rehabilitation of key infrastructure hubs will be considered, to facilitate humanitarian access.

4. LRRD¹⁰, COORDINATION AND TRANSITION

The volatile situation in CAR has limited, and in many cases postponed, LRRD activities. Nonetheless the availability of some particular funds (PBF¹¹, EDF¹², Water Facility, FSTP¹³, World Bank) requires the implementation of a number of development projects in certain parts of the country. Particular attention is given by DG ECHO to facilitation of the linkage with EU-funded and other development projects wherever possible.

Health sector: In 2012 the World Bank announced the launch of a new USD 28,000,000 health programme of three years' duration, which will target 2.5 million people in 9 of the country's 16 prefectures. There should be LRRD potential in some of the prefectures to be covered by this programme, although ensuring adequate supportive supervision remains a crucial element to be addressed. The possibility of handing over some of the DG ECHO supported structures to the World Bank programme will be examined.

Food security sector: A new FSTP of EUR 3,500,000 which has been designed in close coordination with DG ECHO is due to be launched in March 2013 through a call for proposals; actions are expected to start in January 2014 for a maximum duration of 3 years, and will focus on the prefectures of Vakaga, Haute Kotto and Bamingui-Bangoran. This is an opportunity to strengthen humanitarian livelihood restoration actions initiated by DG ECHO in the return areas.

WASH: A water facility programme of EUR 7,000,000 for 2011-2014 is currently being implemented through INGOs in Bambari, Bouar and Bosangoa.

5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Framework Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

¹⁰ Linking relief, rehabilitation and development

¹¹ United Nations Peacebuilding Fund

¹² European Development Fund

¹³ Food Security Thematic Programme

5.1 Contacts¹⁴

Operational Unit in charge: DG ECHO/B2

Contact at HQ level

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5.2 Financial info

Indicative Allocation: EUR 12,000,000

Man-made crises: Hum. Aid: EUR 11,000,000

Food Assistance: EUR 1,000,000

5.3 Proposal Assessment

Assessment round 1

- (a) Description of the humanitarian aid interventions relating to this assessment round: all interventions identified in section 3.4 of this HIP.
- (b) Indicative amount to be allocated in this round of proposals: up to EUR 12,000,000 (EUR 11,000,000 from the humanitarian aid budget line and EUR 1,000,000 from the food assistance budget line).
- (c) Costs will be eligible from 01/01/2013¹⁵.
- (d) The expected initial duration for the funded actions is up to 12 months.
- (e) Potential partners: All DG ECHO Partners.

¹⁴ The Letters of intent should be submitted to DG ECHO using APPEL. Instructions on how to submit Letters of intent using APPEL are available at http://www.dgecho-partners-helpdesk.eu/preparing_an_action/financing_decision/intention_letter.

¹⁵ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whichever occurs latest.

- (f) Information to be provided: Letter of intent¹⁶ based on the Single form format and including at least: area of intervention, sector, duration, beneficiaries, context/needs assessment, proposed response (results, activities), estimated costs, requested contribution, contact details.
- (g) Indicative date for receipt of the above requested information by 11/11/2012¹⁷.
- (h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, knowledge of the country / region relevance of intervention sectors, and quality of the intervention logic in relation to the HIP and to the operational recommendations.

¹⁶ In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

¹⁷ The Commission reserves the right to consider intention letters/ Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received intention letters / Single Forms.