

IASC Inter-Agency Humanitarian Evaluations

The IAHE is an independent assessment of whether collective results achieved in responding to an emergency meet the objectives stated in the Strategic Response Plan and the needs of affected people. IAHEs follow agreed norms and standards for evaluations that emphasize independence of the evaluation team, process and methodology, usefulness, and transparency.

The IAHEs are conducted by teams of independent evaluation experts. The participation of independent national evaluation experts is sought whenever possible.

The IAHEs aim to:

- Provide HCs and HCTs, EDG, ERC and IASC Principals with independent and credible evidence of collective progress towards stated goals, objective and results;
- Help inform longer-term recovery plans, and in the case of a sudden onset disaster, support preparedness efforts for the next emergency;
- Provide national Governments and disaster management institutions with evaluative evidence and analysis to inform their national policies and protocols for crises involving international agencies and other actors;
- Provide Member States, donors and affected people with evidence of results of the collective response efforts, for accountability purposes;
- Enable learning and contribute to the evidence base for decision making, and improvement in humanitarian policy and agencies approach to future emergencies.

The IAHEs are in the public domain. The Terms of Reference and final evaluation reports are shared publicly and posted in IASC, OCHA and ALNAPs' websites.

Inter-Agency Humanitarian Evaluations (IAHE) Steering Group

The IAHE Steering Group is composed of the Heads of the evaluation function of Inter-Agency Standing Committee (IASC) members, and is chaired by OCHA. The group provides leadership and strategic direction to inter-agency humanitarian evaluation activities, which are carried out under the auspices of the IASC.

As the only independent assessment of the extent to which collective results have been achieved in the response to an emergency, IAHEs are a key instrument for accountability and learning. They help the system to continue to learn about the ways in which the collective humanitarian response can be made more relevant and efficient, in order to better support the needs of affected people.

For more information on IAHEs and the work of the IAHE Steering Group, please visit:

<https://interagencystandingcommittee.org/evaluations>



IASC IAHE

Inter-Agency Humanitarian Evaluation of the response to the Crisis in the Central African Republic (CAR)



The Central African Republic faced a **chronic crisis in human development and governance** within a 'silent and forgotten' emergency. When political rivalries triggered a violent conflict in 2013, approximately 2.2 million Central Africans were in need of humanitarian assistance and one fifth of the country's population was displaced. Humanitarian actors struggled to respond to the crisis and thus, in December 2013, the Emergency Relief Coordinator declared a system-wide Level 3 emergency response.

The inter-agency humanitarian response **made major contributions to the provision of basic services, reinforcing protection and delivering assistance to around two million people in need**, thus contributing enormously to relieving the crisis, saving many thousands of lives and preventing famine, disease outbreaks, mass atrocities, and larger refugee outflows. These successes were achieved in a very complex and constrained environment: a collapsed state, minimal infrastructure, widespread insecurity, and international neglect.

Main findings of the IAHE

1. The collective response made a large positive impact on the crisis, beyond the direct delivery of the SRP results. It made a positive contribution to the larger security situation and to improving the protection of civilians through protection by presence, alerting MINUSCA to threats, and protection advocacy. Efforts to be conflict-sensitive and innovative steps to reduce conflict through local 'humanitarian mediation' earned it recognition for impartiality and acceptance by the divided communities.

2. The response struggled to deliver strong results in relation to its strategic objectives. In 2014 it achieved modest partial strategic results, and notably poor results in livelihoods and recovery. As funding decreased and needs persisted in 2015, it achieved similarly modest results in providing access to basic services, protection, and assistance.

3. The response focused only on the immediate term without a strategic vision for solutions, resilience, early recovery, or national response capacity, with the exception of the health, nutrition and food security sectors. The response did little to offset negative contributions to aid dependency, inflation, or short-termism in national planning. However, the formulation of an Early Recovery Strategy by UNDP and the Government of CAR aimed at addressing the gaps identified through a multidimensional approach.

4. The performance management framework, as offered by the SRP strategic planning process, was inadequate for strategic management, course correction, and accountability. It did not systematically monitor progress, strengths and weaknesses, including coverage, quality and efficiency. The strategic planning process helped resource mobilization but resulted in poorly formulated objectives, inadequate targets, and no framework for monitoring the response. A related monitoring, evaluation and learning system would have supported a more strategic management.

5. The response was too dependent on the powerful L3 mechanism and surge capacity. The L3 application was a main factor of success with a large positive impact on mobilizing resources for a scaled-up response to the immediate crisis, and all-of-system IASC special measures that drove the response forward. But the L3 brought human resourcing challenges, perpetuated itself instead of preparing transition, was misunderstood and 'misused' as a fundraising tool. Indeed the L3 mechanism was not adapted to addressing CAR's chronic emergency; it mobilized short-term resources to make a large and fast difference, but did not support a holistic response to CAR's humanitarian needs.

6. The response's leadership was undermined by structural weaknesses and poorly functioning coordination mechanisms. Coordination mechanisms (HCT, ICC, and clusters) and information management were generally weak and functioned poorly, leaving gaps in 'strategic' coordination and the absence of a galvanizing narrative for all stakeholders.

7. The HPC model did not increase effectiveness because of difficulties in its application. Whereas the HPC is intended as a model coordination process, it was seen as an inefficient burden, and was poorly understood by coordinators and surge staff. All steps in the process were carried out, time and effort was invested, and this helped resource mobilization, but it contributed little otherwise to effectiveness, speed, efficiency, transparency, accountability, and inclusiveness. In particular, stronger needs assessment, strategic planning and M&E could have contributed greatly to a more effective response.

8. Coverage of all needs prioritized by severity remained a fundamental challenge. First, the response increased coverage to reach many people in need, but the scale of targeting and funding was insufficient compared to actual needs, leaving some sectors poorly covered, people in the bush and people in host families unassisted, and a visible focus on Bangui and western regions. Assistance was targeted at predefined vulnerable groups, especially refugees, IDPs and children, but neglected specific needs of vulnerable groups, systematically under-serving people with disabilities, boys and young men, older people, people without family including widows.

9. The response did not listen well to the people affected. Despite IASC pressure and the deployment of a thematic adviser, the five IASC Accountability to Affected People (AAP) commitments were poorly applied, neglected at the strategic level, and widely misunderstood. No practical mechanism existed for implementing AAP principles, and assistance was often inappropriate due to gaps in participation. The absence of a systematic means of listening to the affected population undermined the quality and integrity of the response. Accountability remained backward-facing to headquarters and donors.

Recommendations of the IAHE

The evaluation made five recommendations at the strategic level, addressing weaknesses of the inter-agency response in the domains of:

- (1) inter-agency strategy and performance,
- (2) mobilizing capacity beyond an L3 declaration,
- (3) strategic leadership in chronic emergencies,
- (4) effectiveness of HPC coordination model,
- (5) accountability to affected populations.