# Inter-Agency Humanitarian Evaluation of the Response to the Crisis in the Central African Republic

March 2016

Cover Photo: Internally Displaced People at the M'Poko airport in Bangui.
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The Inter-Agency Humanitarian Evaluation (IAHE) was conducted by Andrew Lawday (Team Leader), Karimou Adjibade, Nicola Dahrendorf, Floribert Kubwayezu and Lezlie Caro Morinière [from The KonTerra Group].

**Evaluation Management**

Management Group members for this project include: Marta Bruno (FAO), Machiel Salomons (UNHCR), Koorosh Raffii (UNICEF), Miranda Sende and Elise Benoit (WFP).

The evaluation was managed by Maria Agnese Giordano and Wiebke Uhde, Evaluation Officers for OCHA, New York, under the guidance and supervision of Victoria Saiz-Omeñaca, Chief a.i. Evaluation and Oversight Unit, OCHA.

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# ACRONYMS

| | |
|---|---|
| **3Ws** | Who does What, Where |
| **AAP** | Accountability to Affected Populations |
| **ACAP** | Assessment Capacities Project |
| **ALNAP** | Active Learning Network for Accountability and Performance in Humanitarian Action |
| **AP** | affected population/people |
| **CAFOD** | Official Aid Agency for the Catholic Church in England and Wales |
| **CAR** | Central African Republic |
| **CAP** | Consolidated Appeals Process |
| **CCCM** | Camp Coordination and Camp Management |
| **CCO** | Comité de Coordination des ONG |
| **CERF** | Central Emergency Response Fund |
| **CHF** | Common Humanitarian Fund |
| **CMP** | Commission Mouvements de Populations |
| **CwC** | Communications with Communities |
| **DDR** | disarmament, demobilization and reintegration |
| **DPKO** | Department of Peacekeeping Operations |
| **DRR** | disaster risk reduction |
| **ECHO** | European Commission's Union Humanitarian Aid and Civil Protection Department |
| **EDG** | Emergency Directors Group |
| **ESPOIR** | The Bêkou Trust Fund (European Union) |
| **EUFOR** | European Union Force |
| **FAO** | Food and Agriculture Organization of the United Nations |
| **FTS** | Financial Tracking Service |
| **GBV** | gender-based violence |
| **GPC** | Global Protection Cluster |
| **GS** | global stakeholders |
| **HC** | Humanitarian Coordinator |
| **HCT** | Humanitarian Country Team |
| **HIMO** | high-intensity manual labour |
| **HNO** | Humanitarian Needs Overview |
| **HPC** | Humanitarian Programme Cycle |
| **HPN** | Humanitarian Practice Network |
| **HRP** | Humanitarian Response Plan |
| **HRW** | Human Rights Watch |
| **IARRM** | Inter-Agency Rapid Response Mechanism |
| **IASC** | Inter-Agency Standing Committee |
| **IAHE** | Inter-Agency Humanitarian Evaluation |
| **ICC** | Inter-Cluster Coordination |
| **ICRC** | International Committee of the Red Cross |
| **IDP** | internally displaced persons |
| **IFRC** | International Federation of Red Cross and Red Crescent Societies |
| **INGO** | international non-governmental organization |
| **IOM** | International Organization for Migration |
| **L3** | Level 3 (emergency) |
| **M&E** | monitoring and evaluation |
| **MINUSCA** | United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (Mission multidimensionnelle intégrée de stabilization en Centrafrique) |
| **MIRA** | Multi-Cluster/Sector Initial Rapid Assessment |
| **MISCA** | International Support Mission to the Central African Republic (Mission internationale de soutien à la Centrafrique) |
| **MSF** | Médecins Sans Frontières |
| **NFI** | non-food item |

| | |
|---|---|
| **NNGO** | national non-governmental organization |
| **NRC** | Norwegian Refugee Council |
| **OCHA** | Office for the Coordination of Humanitarian Affairs |
| **OHCHR** | Office of the United Nations High Commissioner for Human Rights |
| **OPR** | Operational Peer Review |
| **PoC** | protection of civilians |
| **PWD** | people with disabilities |
| **R2P** | Responsibility to Protect |
| **RRM** | Rapid Response Mechanism |
| **RTE** | Real-Time Evaluation |
| **SADD** | sex and age disaggregated data |
| **SAM** | severe acute malnutrition |
| **SCHR** | Steering Committee for Humanitarian Response |
| **SEA** | sexual exploitation and abuse |
| **SGBV** | sexual and gender-based violence |
| **SHC** | Senior Humanitarian Coordinator |
| **SMART** | specific, measurable, achievable, relevant, and time-bound |
| **SMT** | Security Management Team |
| **SRP** | Strategic Response Plan |
| **TA** | Transformative Agenda |
| **ToR** | terms of reference |
| **UN** | United Nations |
| **UNCT** | United Nations Country Team |
| **UNDAF** | United Nations Development Assistance Framework |
| **UNDP** | United Nations Development Programme |
| **UNDSS** | United Nations Department of Safety and Security |
| **UNFPA** | United Nations Population Fund |
| **UN-HABITAT** | United Nations Human Settlements Programme |
| **UNHCR** | United Nations High Commissioner for Refugees |
| **UNICEF** | United Nations Children's Fund |
| **UNSC** | United Nations Security Council |
| **WASH** | water, sanitation and hygiene |
| **WB** | World Bank |
| **WFP** | World Food Programme |
| **WHO** | World Health Organization |

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ANNEXES

# EXECUTIVE SUMMARY

1. The inter-agency response to the emergency in the Central African Republic during 2013–2014 made considerable progress towards providing basic services, reinforcing protection and delivering assistance to around 2 million people in need. It made a strong contribution to the protection of civilians and relieving the crisis, saving many thousands of lives and preventing famine, disease outbreaks, mass atrocities and larger refugee outflows. Moreover, its successes were achieved in a highly constrained environment: a collapsed state, unprepared agencies, minimal infrastructure, widespread insecurity and international neglect (see Conclusions, p. 90).
2. The humanitarian response contributed to preventing higher mortality, while the wider humanitarian, military and political response greatly relieved the crisis. All stakeholder groups agree that the response saved lives through provision of food assistance, health, water and sanitation (WASH) and protection services. United Nations actors, including national and international partners, believe that hundreds of thousands of the 922,000 internally displaced persons (IDPs) in January 2014 and 400,000 IDPs in December 2014 would not have survived without food assistance and basic health services. In addition, they all agreed that the humanitarian response helped to calm the situation, stop a negative spiral, avert a disaster, and "hold the country together." National leaders believed "genocide" was averted and relative calm returned (see Conclusions, p. 90).
3. All the same, the response fell short of highest humanitarian aspirations. The scale of targeting and funding remained insufficient compared to needs, the specific needs of vulnerable groups were not addressed, sector results remained modest, results were poor in livelihoods and recovery, IDPs in the bush and in host families were left unassisted, and opportunities were missed to build capacity for national response (except for the health sector), prepare for transition and develop solutions to the displacement crisis (see Conclusions, p. 90).

## Introduction

4. This Inter-Agency Humanitarian Evaluation (IAHE) of the response to the emergency in the Central African Republic covers the period from the declaration of a Level 3 (L3) emergency on 11 December 2013 until July 2015. Triggered by the L3, the evaluation was conducted from June to November 2015. Its objectives are to provide accountability to all stakeholders, contribute to humanitarian learning and offer strategic advice to the Humanitarian Coordinator/ Humanitarian Country Team (HC/HCT) and the Inter-Agency Standing Committee (IASC) (see Introduction, p. 30).
5. The methodology encompassed user-engagement, framework development, stakeholder consultation, mixed method data collection, listening to the affected population and triangulation at three levels. Using structured sampling, it consulted a total of 134 stakeholders, including 13 global actors, 51 operational actors and 70 people from the affected population. Making systematic efforts to listen to the affected population and intended beneficiaries, it consulted national leaders and key informants in five affected communities: Batangafo, Bambari, Kouango, Boda and PK5 in Bangui (see Methodology, p. 44 and Annex III for more details). A high turnover of humanitarian actors made it hard to consult main agents at key moments of the response. The purposive and stratified sampling of constructed stakeholder groups does not seek statistical significance, but allows highly credible inferences to be made about the views of each group. Rigorous and structured triangulation at three levels has enhanced credibility and limited potential bias.
6. By 2013, the Central African Republic faced a multilayered humanitarian crisis. For years the country had faced a chronic crisis in human development and governance within a 'silent and

forgotten' emergency. In 2012–2013 this protracted crisis became increasingly complex with the advance of Séléka forces, political and intercommunal violence, which would leave almost a fifth of the population displaced and fully half in need of assistance. In December 2013, the emergency became yet more acute and more visible when the crisis engulfed Bangui. During anti-balaka attacks in 2014, tens of thousands of Muslims began fleeing for their lives to Chad, Cameroon or other areas of the country, or else remained trapped in 'enclaves' under the protection of peacekeepers. During 2015, the country cautiously envisioned recovery but affected populations required assistance for the foreseeable future (see Country context, p. 32).

7. Humanitarian actors struggled to respond. In October 2013, the emergency directors of eight IASC organizations visited the Central African Republic to identify ways in which to expand the scale and reach of humanitarian delivery. In December, the IASC declared a system-wide L3 emergency, and the HC/HCT began implementing a 100-day Action Plan for Priority Humanitarian Action. By January 2014, the HCT produced a revised Strategic Response Plan (SRP) for the year ahead, targeting 1.8 million people out of an estimated 2.5 million people in need of humanitarian aid. Overall funding in 2014 for the SRP was relatively high, with 74 per cent of requirements met. In 2015, humanitarian assistance targeted 2 million people in need, a slight increase on the previous year, concentrating on emergency relief, protection and reinforcement of resilience. But lower funding meant gaps in coverage, with only 30 per cent of total requirements covered by mid-2015 (see Response and plan, p. 38).

## Response plan strategic objectives

8. The overall humanitarian response was appropriate to people's primary concern for security, but not to the wishes of IDPs to return home or the population's larger expectations for improved national development. Assistance was often inappropriate because too little was done to consider the priorities of the affected populations, consult them in prioritization processes, or deliver assistance in an appropriate manner. Regardless of whether objectives matched people's priorities, appropriateness was an area of weakness in the response (see Appropriateness, p. 51).

9. The SRP objectives were highly relevant to needs aggregated in the Humanitarian Needs Overview (HNO), but remained dependent on the mixed quality of the needs assessments on which they were based. Relevance was an area of risk for the response (see Relevance, p. 52).

10. Performance monitoring systems were highly unsatisfactory. Stakeholders all highlighted weaknesses in monitoring and evaluation (M&E), no framework or system existed for monitoring the response (except for the World Health Organization [WHO] needs review exercise) and related technical support and tools were lacking. An Operational Peer Review (OPR) was conducted and led to course corrections, but monitoring remained a key challenge in order to strengthen coordination (see Monitoring and evaluation, p. 53).

11. The response achieved modest and partial strategic results. Operational actors focused more on process than results, and achieved modest results in providing access to basic services, protection and assistance, but poor results in livelihoods and recovery. In general, the affected population appreciated the response but also questioned the quality and quantity of assistance. The achievement of strategic results remained a challenge for the response (see Results, p. 55).

12. The response made a positive contribution in a broader sense to protection, including a strong contribution to the protection of civilians (PoC), which improved during the response. Yet it made a less adequate contribution to upholding human rights such as the right of return for IDPs, and lacked a comprehensive strategy to address the Central African Republic's manifold protection challenges. Protection programmes were focused on specific groups rather than on protection needs, and a strategy was delegated to the protection cluster and later reviewed and endorsed at an HCT meeting in August 2014. Contributions to PoC and collaboration with the

United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) enabled the response to address the 'protection crisis' as well as humanitarian needs (see Protection, p. 60).

13. The response was highly unsatisfactory in its approach to resilience. Resilience and livelihood support was widely and urgently needed, but strategic planning on resilience was unclear, operational actors understood resilience mainly as food security, and resilience was a matter generally deferred to development programmes (see Community resilience, p. 62).

14. Despite achieving modest strategic results, the response contributed enormously to relieving the crisis, saving the lives of many Central Africans, reducing suffering and preventing much worse outcomes. But it missed the opportunity to use the great surge of capacity to address the country's protracted crisis, and did nothing to prevent worsening aid dependency, an employment boom in the aid sector, and short-termism in national planning (see Outcomes, p. 63).

## National and local stakeholders

15. The level of involvement of national and local stakeholders was much contested but insufficient. During 2014 the response largely bypassed an incapacitated government, but made increasing efforts to engage it in 2015. Still, few national actors participated in the response, and those who did complained of barriers to receiving funding. Little was done to prepare national leadership and ownership or a handover strategy. National and local involvement was essential to mobilizing capacity after the L3 capacity surge (see Involvement, p. 65).

16. The response also did little to build national emergency response capacity, without a strategy for improving it and strengthening capacity to respond to the next crisis. The lack of systematic capacity-building was a weakness and a missed opportunity (see Capacities, p. 66).

17. The response did little to start recovery and to 'connect' with long-term development. In 2015, the response highlighted recovery at a strategic level but did little in practice, and many felt it premature to consider development, whereas most people affected expected humanitarian action to work hand in hand with development. The lack of early recovery and linkages with development was a significant weakness, and remains a challenge for addressing the country's chronic crisis (see National development, p. 67).

## Coordination

18. In the Central African Republic, the HCT-led coordination model was questioned and its application widely criticized, especially by international non-governmental organizations (INGOs) and global stakeholders. Operational coordination (efforts to avoid gaps and duplications in assistance) was mostly effective despite a concentration of effort in Bangui and coverage gaps at subnational level. Coordination mechanisms were established and tools set up including the HCT, Inter-Cluster Coordination (ICC), clusters and information management, but they remained weak and functioned poorly. As a result, 'strategic' coordination, the coordination of strategy in the HCT, was considered weak. In all, HCT-led coordination activities in Bangui absorbed much capacity and left considerable room for improvement, but coordination remained an important factor for effectiveness (see Coordination, p. 69).

19. The most important factors of effectiveness in the country were the declaration of the L3 mechanism, international peacekeepers and operational programmes. Leadership was considered essential to coordination, and the importance of the Humanitarian Programme Cycle (HPC) could have been greater with better M&E, strategic planning and preparedness. Both

external and internal barriers to effectiveness were widely noted, but not subject to strategic risk management (see Factors, p. 72).

## IASC principles and guidance

20. Despite misunderstandings about its purpose, the L3 mechanism was highly effective in the Central African Republic and seen by many actors as the key factor of response effectiveness. The L3 had a considerable impact on mobilizing resources for a much scaled-up response. It activated enhanced IASC processes that enabled the body to identify and address capacity gaps. It turned an HC/HCT-led response into a system-wide response. Still, it brought multiple human resourcing challenges, perpetuated itself instead of preparing for transition, was often 'misused' as a fund-raising tool, and seemed maladapted to a protracted emergency (see L3 mechanism, p. 74).
21. The application of empowered leadership in the country was mainly successful at the HC level, but far less so at the HCT level. In general, empowered leadership contributed to the response's effectiveness, and the appointment of a Senior Humanitarian Coordinator (SHC) contributed significantly. At first, the SHC deployment was critical to making improvements, but later it was undermined by the poorly functioning coordination mechanisms, namely the HCT, ICC and information management. Meanwhile HCT leadership remained inadequate during much of the response, also undermined by that body's poor functioning. Leadership therefore had a mixed impact on the effectiveness of the response (see Leadership, p. 75).
22. In general, application of the Humanitarian Programme Cycle (HPC) was disappointing in the Central African Republic. The HPC process generated little interest among operational actors, who considered it an inefficient burden, and it was poorly understood by response coordinators and surge staff. Applying the HPC remained an important challenge, and an opportunity to improve coordination and effectiveness (see Humanitarian Programme Cycle, p. 77).
23. Preparedness was a major weakness, with stakeholders expressing doubts, gaps in contingency planning and ongoing preparedness challenges. Part of the problem was structural, raising questions about responsibilities and timing for preparedness in the HPC. Preparedness before 2014 could have significantly increased effectiveness, and preparedness now would strengthen any future response (see Preparedness, p. 77).
24. Collective needs assessment and analysis were fairly successful. Stakeholders were most favourable about this aspect of the HPC, with both IASC assessment tools (Humanitarian Needs Overview and Multi-Cluster/Sector Initial Rapid Assessment) being applied. These allowed for analysis and prioritization, and the Inter-Agency Rapid Response Mechanism (IARRM) allowed some timely assessments. But again, questions arose about the quality of needs assessment, as well as stakeholder involvement and ability to assess evolving needs (see Needs assessment, p. 78).
25. Strategic planning was decidedly inadequate in the Central African Republic, as pointed out by many stakeholders. The SRP process helped resource mobilization, but was poorly managed, weighed down by IASC expectations. It resulted in unknown objectives, generated confusion and missed opportunities to develop solutions to displacement. Strategic planning was an area of weakness, and a key opportunity for improving coordination and effectiveness (see Strategic planning, p. 79).
26. The response was highly unsatisfactory in providing Accountability to Affected Populations (AAP). AAP was poorly applied at the strategic level. Deploying a thematic adviser alone could not fulfil the five AAP commitments, and the response struggled to make progress on each of them. Leadership on AAP remained a challenge, transparency efforts were weak or focused on persuasion, participation was often inadequate, feedback and complaints did not function well,

no inter-agency complaints mechanism existed, and M&E served purposes other than AAP. More broadly, the response did not listen well to the affected population, increasing the potential for frustration, fraud and violence. AAP was a major area of weakness and remained a key challenge to strengthening accountability and integrity (see Accountability to Affected Populations, p. 80).

## Other findings

27. Despite major efforts to scale up, coverage remained unsatisfactory. The response increased coverage to reach people in need, but the scale of targeting and funding remained insufficient. Funding gaps, lack of actors and insecurity left some sectors poorly covered, people in the bush and in host families went largely unassisted, and the focus on Bangui and western regions was contested. Stakeholders perceived a mix of external "structural" reasons and internal "strategic" reasons for insufficient coverage. Coverage, reaching people in need, remained the greatest challenge for reducing suffering (see Coverage, p. 84).

28. Coverage of specific needs was also inadequate. In assistance to populations, the specific needs of vulnerable groups, such as people with disabilities, were not addressed. The response systematically underserved people with disabilities, as well as boys and young men, older people, people without families (including widows), and other groups with particular vulnerabilities. Coverage of specific needs was an important gap in the response (see Specific needs, p. 86).

29. Actions to secure access and maintain humanitarian space were unsatisfactory, although they showed signs of improvement in 2015. Insecurity greatly restricted access during 2014 but other "strategic" barriers were also important. The response relied on international forces for secure access while insisting on humanitarian independence, a paradox noted by affected people and armed actors. In addition, poor security management limited the use of humanitarian space, while organizations that relied on their own security protocols enjoyed best access. Secure access remained a complex challenge and critical to programme effectiveness (see Secure access, p. 87).

30. The response employed a commendably conflict-sensitive approach. It made multiple efforts to be conflict-sensitive, took innovative steps to reduce conflict through local "humanitarian mediation," and was seen as impartial by the divided communities. Response-related conflict risks remained, and some saw the need for more efforts in this area, but the response's conflict-sensitive approach was important for humanitarian impartiality, acceptance by communities, and doing no harm in such a tense and divided situation (see Conflict sensitivity, p. 88).

## Conclusions

31. In summary, nine key conclusions can be drawn:

- The response made a large positive impact on the crisis
- The response struggled to deliver specific and satisfactory results
- The response focused on the immediate term only
- The performance management framework was inadequate
- The response was dependent on the L3 mechanism
- Leadership was undermined by weak coordination structures
- The HPC failed to increase effectiveness
- Coverage remained a fundamental challenge
- The response did not listen well to people affected

# Recommendations

32. These recommendations are prepared for the HC/HCT and the IASC Working Group (WG). They offer strategic advice for the collective response beyond the responsibilities of any specific organization or programme area, and do not include detailed technical advice on implementation. They are based on the evaluation findings and informed by a review of related HC/HCT and IASC (WG) materials. They are presented in order of importance.

## Urgent recommendations

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **1. Improving inter-agency strategy and performance** | | | |
| a) The HC/HCT should develop an inter-agency strategy aimed at improving performance and focused clearly on assistance, protection, basic services and resilience. To that end, it should consider:<br>i. Strengthening assistance through improved quality, integrity and distribution, and consultation with intended beneficiaries.<br>ii. Addressing manifold protection challenges, to include PoC and human rights, including freedom of movement, voluntary return, property rights, and at its centre a solutions strategy that aims for progressive, comprehensive solutions to displacement.<br>iii. Supporting resilience aimed at solutions, recovery and transition, elaborated with development actors. For that specific purpose, ensure a participatory approach involving all stakeholders, promote sustainability into all action plans, integrate aspects of governance both as core support to government counterparts as well as broader mechanisms for bottom-up community-led transition processes, and support the development of state structures/ institutions as well as reforming social, political and economic relationships in order to promote national and local ownership.<br>Developing a risk management approach holistically covering all strategic risks, including insecurity, impassable roads, and declining financial and human resource capacity after the L3. | HC/HCT | Immediately, as contribution to the HRP 2016 | Conclusions 1,2,3,4<br>Findings on Results, Protection, Community resilience, Outcomes, Strategic planning, Preparedness |

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| b) The IASC should develop the IAHE Impact Pathway model with lessons from the Central African Republic to guide future responses to chronic and complex emergencies. This should include lessons from PoC, clarified expectations on resilience, and guidance on reporting lives saved and risks avoided. To that end, it should consider:<br>i. Developing the IAHE Impact Pathway based on wider learning into an evidence-based tool to guide the collective response to 'complex' emergencies and chronic crises as well as natural disasters and sudden onset emergencies.<br>ii. Learning lessons about the Protection of Civilians in the Central African Republic where humanitarian solutions alone could not address the crisis, and an earlier or different response might have prevented displacement as worldwide displacement reached highest levels ever (Office of the United Nations High Commissioner for Refugees [UNHCR] June 2015).<br>iii. Reviewing policy and/or providing guidance on resilience as applied to complex emergencies, including resilience to the shock of violent attacks, supporting coping strategies, helping people in situ and in the bush, preventing flight to IDP sites, and assisting host families and communities.<br>Providing guidance on how to measure and report the number of lives saved and risks avoided in complex emergencies. | IASC (WG) | Ongoing, and at the next review of IAHE Guidelines | Conclusions 1,2,3,4<br>Findings on Results, Protection, Community resilience, Outcomes, Strategic planning |
| **2. Mobilizing capacity** | | | |
| The HC/HCT should advocate for the mobilization of maximum capacities after the L3 surge, including humanitarian capacities, development and peacebuilding capacities, and local and national capacities, behind a coherent and comprehensive stabilization agenda. To that end, it should consider:<br>i. Encouraging humanitarian actors to share collective responsibility by mobilizing capacities to meet continued humanitarian needs at scale in the wake of the L3 and weakness of state capacity.<br>ii. Collaborating with development actors to meet resilience and recovery needs, and peacebuilding actors to meet protection needs at scale.<br>Collaborating with and supporting national and local capacities to meet needs at scale through the provision of rehabilitated basic services wherever possible. | HC/HCT | Immediately, ongoing during the HRP 2016 | Conclusion 5<br>Findings on L3 mechanism, Factors, Capacities, Coverage |

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| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| The IASC should maintain an adequate response in the Central African Republic after L3, and seek to adapt the L3 mechanism for chronic emergencies.<br>To that end, it should consider:<br>i. Maintaining a fit-for-purpose response in the country while transitioning out of reliance on the L3 surge, ensuring adequate prioritization, attention and funding based on needs, and engaging with development and political actors and donors to this end.<br>ii. Adapting the L3 mechanism to chronic or protracted emergencies, beyond the requirements of meeting acute timely needs.<br>iii. Clarifying the purpose, time limit and deactivation of the L3 mechanism in a chronic crisis<br>Requiring timely transition to another mechanism capable of meeting chronic needs in a complex protracted crisis – such as a comprehensive stabilization plan. | IASC (WG) | Immediately, ongoing during the HRP 2016 | Conclusion 5<br>Findings on L3 mechanism, Factors, Capacities, Coverage |

## Important recommendations

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **3. Enabling leadership** | | | |
| The HC/HCT should enable strategic leadership by ensuring a dedicated leadership role, well-functioning coordination structures and structured communications with stakeholders. To that end, it should consider:<br>i. Maintaining a SHC or a dedicated HC role with strategic vision and the ability to work with political, development and military/peacebuilding actors.<br>ii. Ensuring well-functioning HCT, ICC and information management functions, including by ensuring the implementation of related OPR recommendations, and involving representatives of the affected population in the coordination architecture. For that purpose, ensure an inclusive partnership with local actors through an effective/efficient collaboration with national NGOs, civil society organizations, religious communities and local authorities, promote their participation in the exchange of information, analysis and contribution to the humanitarian response plan and encourage the local authorities to participate in the coordination mechanism.<br>Ensuring functioning of the HCT by checking collective progress against strategy as a main item in meetings, ensuring attendance of heads of agency with power to make decisions, and forming ad hoc advisory groups for decision-making on critical issues. | HC/HCT | Immediately, during the HRP 2016 | Conclusion 6<br>Findings on Coordination, Leadership |
| The IASC should learn lessons about "strategic" leadership in a chronic emergency. To that end, it should consider:<br>i. Recognizing the importance of "strategic" leadership in chronic emergencies like that of the Central African Republic.<br>ii. Recognizing the importance of leadership including HCT leadership for coordination, the importance of enabling structures, and the limitations of relying on the 'right people' model.<br>iii. Examining why mechanisms worked poorly despite relatively generous funding.<br>Articulating clear added value of United Nations-led strategic coordination in an emergency, including by streamlining its functioning, and ensuring its interrelated mechanisms – the HCT, ICC, clusters and information management – are either fit for purpose or deactivated. | IASC (WG) | Immediately, as a function of knowledge management | Conclusion 6<br>Findings on Coordination, Leadership |

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **4. Strengthening process** | | | |
| The HC/HCT should address key weaknesses in the coordination process in order to strengthen effectiveness. It should concentrate on needs assessment targeting specific vulnerabilities and groups of beneficiaries, strategic planning and monitoring, and define an effective approach to preparedness with development actors. To that end, it should consider:<br>i. Strengthening the three interrelated HPC elements where greatest improvements could be made to strengthen coordination and effectiveness: needs assessments, strategic planning and monitoring.<br>ii. Defining an effective approach to preparedness with development actors, including regularly updating contingency and preparedness plans for the country, following IASC guidance (Operational Peer Review [OPR]).<br>Facilitating collective involvement in the HPC by ensuring an efficient process with an appropriate work calendar. | HC/HCT | Immediately, during the HRP 2016 | Conclusion 7<br>Findings on Humanitarian Programme Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness |
| The IASC should review the utility (usability) of the HPC model, provide training for its application, and strengthen the monitoring, evaluation and learning element. To that end, it should consider:<br>i. Ensuring the utility (usability) of the HPC by making it lighter and easier to use for the HC/HCT and all stakeholders, informed by learning and case studies from other responses, and applicable as a toolkit (not an accountability framework).<br>ii. Providing training in use and application of the HPC for coordination leaders in HC/HCT, OCHA and the largest operational actors.<br>iii. Reviewing the place of preparedness in the HPC, committing resources for preparedness and early action, including prevention, in response to early warning and continue funding with a view to averting L3s.<br>Revise the monitoring element so as to strengthen monitoring, evaluation and learning in support of performance management, strategic leadership and accountability across responses and over time. As monitoring and evaluation are important elements of the humanitarian response, there is a need to raise awareness for a built-in M&E plan into the L3 mechanism, as per the Transformative Agenda's requirements for performance monitoring. | IASC (WG) | Immediately, as a function of knowledge management | Conclusion 7<br>Findings on Humanitarian Programme Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness |

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ANNEXES

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **5. Defining accountabilities** | | | |
| The HC/HCT should develop a collective accountability framework with monitoring mechanisms for coverage, specific needs, AAP and connectedness to national development. To that end, it should consider:<br>i. Identifying and monitoring unmet and untargeted needs, including difficult-to-reach populations, and developing advocacy where needs cannot be met.<br>ii. Urgently identifying the needs of vulnerable groups in assisted populations, including people with disabilities, older people, people without family networks, and boys and young men.<br>Implementing five AAP principles across the whole response, through HC/HCT commitment, defined accountabilities, stakeholder participation at all levels (including at strategic level), a response-wide feedback and complaints system, and regular monitoring of people's satisfaction and priorities. | HC/HCT | Immediately, during the HRP 2016 | Conclusions 8 and 9<br>Findings on Coverage, Specific needs, Accountability to Affected Populations, Involvement, Capacities, National development |
| The IASC should review the collective accountability framework for chronic emergencies, providing guidance and monitoring mechanisms. To that end, it should consider:<br>i. Humanitarian principles and their link to coverage, comprehensive and specific needs assessments, and secure access. Independent needs assessment monitoring may be needed to advocate for unmet needs.<br>ii. AAP commitments, implementation at the strategic level and possible integration into the HPC package.<br>iii. National development links and engagement of local and national capacity where the State has collapsed and a transition government lacks authority and capacity to lead recovery. | IASC (WG) | Immediately for IASC policy, and at the next review of the HPC | Conclusions 8 and 9<br>Findings on Coverage, Specific needs, Accountability to Affected Populations, Involvement, Capacities, National development |

# RÉSUMÉ ANALYTIQUE

33. La réponse interorganisations à la situation d'urgence en République centrafricaine en 2013-2014 a fait des progrès considérables en ce qui concerne la prestation des services de base et d'assistance et le renforcement de la protection des quelque 2 millions de personnes dans le besoin. Elle a fortement contribué à la protection des civils et à l'atténuation de la crise, sauvant plusieurs milliers de vies et évitant des famines, des flambées épidémiques, des atrocités de masse et la multiplication du nombre de réfugiés. Ces réussites sont d'autant plus notables qu'elles ont dû composer avec un environnement particulièrement difficile : un État effondré, des organisations non préparées, des infrastructures minimales, une insécurité omniprésente et l'indifférence de la communauté internationale (voir Conclusions, p. 90).

34. L'intervention humanitaire proprement dite a permis d'éviter l'aggravation du taux de mortalité, tandis que l'intervention globale (humanitaire, militaire et politique) a permis d'atténuer largement la crise. Tous les groupes d'acteurs s'accordent à dire que cette intervention a contribué à sauver des vies en fournissant une aide alimentaire, des services d'eau, d'assainissement et d'hygiène (WASH) ainsi que des services de protection. Les acteurs des Nations Unies, y compris les partenaires nationaux et internationaux, sont convaincus qu'en l'absence d'aide alimentaire et de services de santé de base, des centaines de milliers de personnes parmi les 922 000 déplacés de janvier 2014 et les 400 000 déplacés de décembre 2014 n'auraient pas survécu. Par ailleurs, ils ont tous admis que l'intervention humanitaire avait aidé à calmer la situation, à interrompre la spirale négative dans laquelle s'enfonçait la République centrafricaine, à éviter une issue catastrophique et à « maintenir la cohésion du pays ». Les dirigeants centrafricains estiment qu'un « génocide » a été évité et qu'un calme relatif est revenu dans le pays (voir Conclusions, p. 90).

35. Cependant, cette intervention est loin de répondre aux plus hautes exigences humanitaires : la zone et les financements couverts restent en deçà des besoins ; les besoins spécifiques des groupes vulnérables restent sans réponse ; les résultats sectoriels demeurent modestes ; les progrès sont faibles en termes de moyens de subsistance et de relèvement ; les déplacés vivant dans la brousse ou en famille d'accueil n'ont pas reçu d'assistance ; et certaines opportunités n'ont pas été saisies, notamment pour renforcer les capacités d'intervention nationale (hors secteur de la santé), préparer la transition et trouver des solutions à la crise migratoire (voir Conclusions, p. 90).

## Introduction

36. Cette évaluation humanitaire interorganisations de la réponse à la situation d'urgence en République centrafricaine couvre la période allant du 11 décembre 2013, date de la déclaration de l'état d'urgence de niveau 3, à juillet 2015. Suite à la déclaration de l'état d'urgence, l'évaluation a été menée de juin à novembre 2015. Elle a pour objectif de rendre des comptes à tous les intervenants, de contribuer à l'apprentissage humanitaire et de proposer des conseils stratégiques au coordonnateur humanitaire/à l'équipe de pays pour l'action humanitaire (CH/EPAH) ainsi qu'au Comité permanent interorganisations (CPI) (voir Introduction, p. 30).

37. Cette méthodologie comprend la participation des utilisateurs, l'élaboration d'un cadre, la consultation des parties prenantes, la collecte de données par une méthodologie mixte, l'écoute de la population touchée et une triangulation à trois niveaux. 134 parties prenantes ont été consultées selon un échantillonnage structuré, dont 13 acteurs mondiaux, 51 acteurs opérationnels et 70 membres des communautés sinistrées. Dans le cadre d'un effort systématique d'écoute des personnes touchées et des bénéficiaires visés, des dirigeants nationaux et des informateurs clés de cinq communautés sinistrées ont été entendus : Batangafo, Bambari, Kouango, Boda et PK5 à Bangui (voir la Méthodologie p. 44 et l'annexe III

pour plus d'informations). Le fort taux de rotation des effectifs humanitaires a rendu difficile la consultation des principaux agents aux moments clés de l'intervention. L'échantillonnage, conçu de manière stratifiée en regroupant volontairement les acteurs par catégorie, n'a pas de visée statistique, mais permet des déductions très crédibles quant aux opinions de chaque groupe. Une triangulation rigoureuse et structurée à trois niveaux permet une meilleure crédibilité et limite les biais potentiels.

38. En 2013, la République centrafricaine a vécu une crise humanitaire sur plusieurs plans. Depuis des années, le pays connaissait une crise chronique du développement humain et de la gouvernance, une situation d'urgence « silencieuse et oubliée ». En 2012-2013, cette crise prolongée s'est complexifiée avec l'avancée des forces Séléka, doublée d'une violence politique et intercommunale, ce qui a causé le déplacement de près d'un cinquième de la population et entraîné un besoin d'assistance pour la moitié. En décembre 2013, la situation d'urgence s'est encore aggravée et a gagné en visibilité quand la crise a touché Bangui. Durant les attaques des anti-Balaka en 2014, des dizaines de milliers de musulmans ont commencé à fuir vers le Tchad, le Cameroun ou d'autres zones du pays, tandis que d'autres sont restés piégés dans des « enclaves » sous la protection des Casques bleus. En 2015, le pays a amorcé une reprise prudente, mais les populations touchées avaient besoin d'une assistance immédiate (voir Contexte national, p. 32).

39. Les acteurs humanitaires ont connu des difficultés. En octobre 2013, les directeurs des programmes d'urgence de huit organisations du CPI se sont rendus en République centrafricaine afin d'identifier des moyens de diffuser l'aide humanitaire à plus grande échelle. En décembre, le CPI a déclaré une situation d'urgence générale de niveau 3 et le CH/EPAH a lancé la mise en œuvre d'un Plan d'action des interventions humanitaires prioritaires sur 100 jours. En janvier 2014, l'EPAH a publié un Plan d'intervention stratégique révisé pour 2014, visant 1,8 million de personnes sur les 2,5 millions ayant besoin d'une aide humanitaire selon les estimations. Le financement global du Plan 2014 a été relativement élevé, permettant de satisfaire 74 pour cent des besoins. Deux millions de personnes étaient visées en 2015, soit une légère augmentation par rapport à l'année précédente, l'accent étant mis sur les secours d'urgence, la protection et le renforcement de la résilience. Toutefois, la baisse des financements pour 2015 s'est traduite par une couverture plus faible, avec seulement 30 pour cent de l'ensemble des objectifs atteints mi-2015 (voir Intervention et plan, p. 38).

## Objectifs stratégiques du Plan d'intervention

40. L'intervention humanitaire globale a permis de répondre à l'inquiétude principale de la population concernant la sécurité, mais pas aux souhaits des déplacés de regagner leur domicile ou aux attentes plus larges de la population en matière d'amélioration du développement national. L'aide était souvent inadaptée car les priorités des populations touchées n'ont pas été suffisamment étudiées. Elles ont été trop peu consultées lors de la définition des priorités et du choix des méthodes à adopter. Même indépendamment du problème de cohérence entre les objectifs et les priorités des populations, l'intervention a souvent été inadaptée (voir Adéquation, p. 51).

41. Si les objectifs du Plan d'intervention stratégique étaient très bien calibrés pour répondre aux besoins recensés dans la synthèse des besoins humanitaires, l'évaluation des besoins sous-jacente était quant à elle de moindre qualité. La pertinence a été un point à risque de l'intervention (voir Pertinence, p. 52).

42. Les systèmes de suivi de la performance se sont avérés très insatisfaisants. Les parties prenantes ont toutes souligné les faiblesses du système de suivi et évaluation (S&E), aucun cadre ou système de suivi n'était en place pour l'intervention (excepté pour l'Organisation mondiale de la Santé [OMS] qui intègre cet exercice d'évaluation). Les outils et l'assistance technique faisaient aussi défaut. Un examen opérationnel par les pairs a été réalisé : il a entraîné

certaines corrections, toutefois le suivi reste un obstacle majeur au renforcement de la coordination (voir Suivi et évaluation, p. 53).

43. L'intervention a produit des résultats stratégiques modestes et incomplets. Les acteurs opérationnels se sont davantage concentrés sur les processus que sur les résultats, avec pour conséquence des résultats modestes en matière de services de base, de protection et d'assistance, et faibles en termes de moyens de subsistance et de relèvement. D'une manière générale, la population touchée a apprécié l'intervention mais également remis en question la qualité et la quantité de l'aide apportée. L'intervention a eu des difficultés à atteindre les objectifs stratégiques (voir Résultats, p. 55).

44. L'intervention a contribué de manière globalement positive à la protection, notamment celle des civils qui s'est améliorée durant cette période. Elle a cependant moins bien réussi à faire respecter les droits de l'homme tels que le droit au retour des déplacés, et n'a pas proposé de stratégie globale pour répondre aux différents problèmes de protection en République centrafricaine. Les programmes de protection se sont concentrés sur des groupes spécifiques plutôt que sur les besoins de protection ; l'élaboration d'une stratégie a été déléguée au groupe de la protection puis évaluée et validée lors d'une réunion de l'EPAH en août 2014. Les contributions à l'intervention pour la protection des civils et la collaboration à la Mission multidimensionnelle intégrée des Nations Unies pour la stabilisation en République centrafricaine (MINUSCA) ont permis de désamorcer la « crise de la protection » et de répondre aux besoins humanitaires (voir Protection, p. 60).

45. L'intervention a été très insatisfaisante s'agissant de son approche de la résilience. La résilience et l'aide aux moyens de subsistance étaient nécessaires partout de manière urgente mais la planification stratégique sur ce point est restée floue. Les intervenants ont assimilé la résilience à la sécurité alimentaire essentiellement, en laissant généralement aux programmes de développement le soin de gérer ce point (voir Résilience, p. 62).

46. Malgré ces résultats stratégiques modestes, l'intervention a énormément contribué à l'atténuation de la crise, sauvant la vie de nombreux Centrafricains et réduisant leurs souffrances tout en évitant des conséquences bien plus dramatiques. Mais elle n'a pas su exploiter cette intensification des moyens pour enrayer la crise prolongée du pays, et n'a rien fait pour éviter l'aggravation de la dépendance à l'égard de l'aide, la forte hausse de l'emploi dans le secteur de l'aide et une planification nationale court-termiste (voir Réalisations, p. 63).

## Parties prenantes nationales et locales

47. Le niveau d'implication des parties prenantes nationales et locales a été très contesté mais reste insuffisant. En 2014, l'intervention a très largement évité un gouvernement au demeurant impuissant, mais l'a davantage intégré à son action en 2015. Cependant, peu d'acteurs nationaux ont pris part à l'intervention et ceux qui l'ont fait se sont plaints d'obstacles au financement. Peu de choses ont été faites pour faciliter l'appropriation nationale et le leadership du pays ou mettre au point une stratégie de transition. L'implication nationale et locale s'est avérée essentielle à la mobilisation des moyens après leur intensification due à la déclaration de l'état d'urgence de niveau 3 (voir Implication, p. 65).

48. L'intervention n'a pas non plus beaucoup œuvré en faveur de l'élaboration d'une capacité d'intervention d'urgence proprement nationale : elle n'a pas établi de stratégie pour son amélioration ni prévu de renforcement des capacités pour faire face à la prochaine crise. Cette absence de renforcement systématique des capacités a constitué un point faible et une occasion manquée (voir Capacités, p. 66).

49. L'intervention a peu fait pour favoriser le relèvement et ouvrir la voie à un développement à long terme. En 2015, l'intervention a souligné l'importance stratégique du relèvement mais est

peu intervenue dans la pratique et nombreux sont ceux qui ont trouvé prématuré d'évoquer le développement, alors que la plupart des populations touchées attendaient une action conjointe qui aborde les besoins humanitaires et de développement. L'absence de relèvement rapide et de liens avec le développement a constitué une faiblesse majeure et empêche le pays de faire face aux crises chroniques qu'il traverse (voir Développement national, p. 67).

## Coordination

50. En République centrafricaine, la coordination menée par l'EPAH a été remise en question et sa mise en œuvre largement critiquée, notamment par les organisations non gouvernementales internationales (ONGI) et les parties prenantes mondiales. La coordination des opérations (soit les efforts pour éviter les lacunes et les doublons en matière d'assistance) a été globalement efficace malgré une concentration des efforts à Bangui et la non-couverture de certaines zones au niveau infranational. Les mécanismes de coordination ont bien été établis et les outils mis en place, y compris l'EPAH, la coordination intersectorielle et la gestion de l'information et des secteurs, mais ils sont restés insuffisants et ont mal fonctionné. La coordination « stratégique » (la coordination de la stratégie par l'EPAH) a par conséquent été considérée comme faible. Globalement, les activités de coordination menées par l'EPAH à Bangui ont consommé beaucoup de moyens et auraient pu être largement améliorées, mais la coordination a toutefois été un facteur important d'efficacité (voir Coordination, p. 69).

51. Les principaux facteurs d'efficacité dans le pays ont été le mécanisme de déclaration de l'état d'urgence de niveau 3, l'intervention des Casques bleus internationaux et les programmes opérationnels. Le leadership était considéré comme essentiel à la coordination. Le cycle de programmation humanitaire aurait pu être optimisé moyennant une amélioration du système de S&E, de la planification stratégique et de la préparation. Les freins à l'efficacité, tant externes qu'internes, ont été largement reconnus, mais n'ont pas fait l'objet d'une gestion des risques stratégiques (voir Facteurs, p. 72).

## Principes et recommandations du CPI

52. Malgré des malentendus sur sa vocation, le mécanisme de déclaration de l'état d'urgence de niveau 3 a été particulièrement efficace en République centrafricaine et a été considéré par de nombreux acteurs comme le principal facteur de l'efficacité de l'intervention. Ce mécanisme a eu un impact considérable sur la mobilisation des ressources en vue d'un déploiement à très grande échelle. Il a permis d'activer des processus améliorés du CPI qui à leur tour ont permis d'identifier et de résorber les lacunes. D'abord limitée au CH/EPAH, l'intervention est ainsi devenue systémique. Ce mécanisme a cependant généré de nombreuses difficultés en termes de ressources humaines. Il s'est développé en vase clos au lieu de préparer la transition, a souvent été « détourné » pour réaliser des levées de fonds et a semblé peu adapté à une situation d'urgence prolongée (voir Mécanisme L3, p. 74).

53. La mise en place d'un leadership autonome dans le pays a plutôt réussi au niveau du coordonnateur humanitaire, mais beaucoup moins au niveau de l'EPAH. D'une manière générale, ce leadership autonome a contribué à l'efficacité de l'intervention, et la nomination d'un coordonnateur humanitaire principal y est pour beaucoup. Sa présence au départ a été essentielle pour mettre en place des améliorations, mais cette intervention a ensuite été minée par le mauvais fonctionnement des mécanismes de coordination, à savoir l'EPAH, la coordination entre les secteurs et la gestion de l'information. En parallèle, affaiblie par des dysfonctionnements, la gestion de l'EPAH est demeurée insuffisante pendant quasiment toute la durée de l'intervention. Le leadership a donc eu un impact mitigé sur l'efficacité de l'intervention (voir Leadership, p. 75).

54. D'une manière générale, l'application du cycle de programmation humanitaire a été décevante en République centrafricaine. Le processus du cycle de programmation humanitaire a suscité peu d'intérêt de la part des acteurs opérationnels, qui le considéraient comme un fardeau inefficace, et il a été mal compris par les coordonnateurs de l'intervention et le personnel de renfort. L'application du cycle de programmation humanitaire a constitué un écueil important, et l'occasion d'améliorer la coordination et l'efficacité (voir Cycle de programmation humanitaire, p. 77).

55. La préparation a été un des grands points faibles, les intervenants exprimant des doutes et dénonçant des lacunes dans la planification d'urgence et des problèmes récurrents de préparation. Ce problème est en partie structurel et amène à se questionner sur les responsabilités et les délais de préparation dans le cycle de programmation humanitaire. Une préparation antérieure à 2014 aurait pu améliorer l'efficacité d'intervention de manière significative. Commencer dès maintenant à préparer les prochaines interventions ne pourra que les renforcer (voir Préparation, p. 77).

56. L'évaluation et l'analyse des besoins collectifs ont plutôt bien fonctionné. Les parties prenantes ont accueilli très positivement cet aspect du cycle de programmation humanitaire, les deux outils d'évaluation du CPI (la synthèse des besoins humanitaires et l'évaluation rapide initiale groupée/sectorielle) ayant été appliqués. Ceux-ci ont permis une analyse et une définition des priorités, tandis que le mécanisme d'intervention rapide interorganisations a pu produire certaines évaluations au bon moment. Mais là encore, la qualité de l'évaluation des besoins a suscité des interrogations, de même que l'engagement des acteurs et la capacité à évaluer des besoins en perpétuelle évolution (voir Évaluation des besoins, p. 78).

57. La planification stratégique a de toute évidence été insuffisante en République centrafricaine comme l'ont signalé de nombreuses parties prenantes. Le processus du Plan d'intervention stratégique a aidé à la mobilisation des ressources, mais il a fait l'objet d'une mauvaise gestion, alourdi par les attentes du CPI. Il en a résulté des incertitudes quant aux objectifs, de la confusion et des occasions manquées d'élaborer des solutions face au problème des déplacements. La planification stratégique a été l'un des points faibles de l'intervention et constitue un axe clé d'amélioration de la coordination et l'efficacité (voir Planification stratégique, p. 79).

58. L'intervention a été très insatisfaisante en matière de responsabilité des acteurs humanitaires à l'égard des populations touchées, qui a été très mal appliquée au niveau stratégique. Dépêcher un conseiller spécialisé n'était pas suffisant pour répondre aux cinq exigences de l'engagement en matière de responsabilité et l'intervention a eu beaucoup de mal à progresser sur chacun d'entre eux. Le leadership en matière de responsabilité est resté compliqué ; les efforts de transparence ont été faibles ou orientés sur la persuasion ; la participation était souvent insuffisante ; les mécanismes de retour d'information et de réclamation n'ont pas bien fonctionné ; aucun mécanisme de réclamation interorganisations n'était en place ; et les mécanismes de S&E ont servi d'autres objectifs que la responsabilité. Plus largement, l'intervention n'a pas été suffisamment à l'écoute de la population touchée, augmentant les risques de frustration, de fraude et de violence. La responsabilité à l'égard des populations touchées a été un point faible majeur et demeure un enjeu clé pour renforcer la responsabilisation et l'intégrité (voir Redevabilité des acteurs humanitaires envers les populations touchées, p. 80).

## Autres conclusions

59. Malgré de nombreux efforts pour étendre la zone d'intervention, la couverture est restée insatisfaisante. L'intervention s'est étendue assez pour atteindre les personnes dans le besoin, mais l'échelle visée et le financement sont restés insuffisants. Des lacunes en matière de financement, un manque d'intervenants et l'insécurité ont empêché la bonne prise en charge

de certains secteurs ; les populations réfugiées dans la brousse et dans des familles d'accueil ont été largement délaissées et la focalisation sur Bangui et les régions de l'ouest a fait l'objet de contestations. Les parties prenantes considèrent que des raisons externes « structurelles » et d'autres internes « stratégiques » sont à l'origine de la couverture insuffisante. Le niveau de couverture et d'accès aux populations dans le besoin a été le principal obstacle à l'amélioration de la situation des habitants (voir Couverture, p. 84).

60. La couverture des besoins spécifiques a également été insuffisante. En matière d'assistance aux populations, les besoins spécifiques de groupes vulnérables tels que les personnes handicapées n'ont pas été pris en compte. L'intervention a systématiquement mal desservi les personnes handicapées, ainsi que les garçons et les jeunes hommes, les personnes âgées, les personnes sans famille (y compris les veufs/veuves) et les autres groupes particulièrement exposés. La couverture des besoins spécifiques a été l'une des lacunes importantes de l'intervention (voir Besoins spécifiques, p. 86).

61. Les actions destinées à sécuriser l'accès et à maintenir un espace humanitaire ont été insatisfaisantes, malgré des signes d'amélioration en 2015. L'insécurité a fortement restreint l'accès en 2014, mais d'autres obstacles « stratégiques » ont également eu leur importance. L'intervention comptait sur les forces internationales pour sécuriser l'accès tout en insistant sur l'indépendance humanitaire, un paradoxe remarqué par les populations touchées et les intervenants armés. Par ailleurs, la mauvaise gestion de la sécurité a limité l'utilisation de l'espace humanitaire, alors que les organisations ayant suivi leurs propres protocoles de sécurité ont profité d'un meilleur accès. La sécurisation de l'accès a constitué un défi complexe, pourtant essentiel à l'efficacité du programme (voir Accès sécurisé, p. 87).

62. L'intervention a adopté une démarche sensible aux conflits louable. Elle a fait de multiples efforts pour tenir compte de la situation de conflit, a pris des mesures novatrices de réduction des conflits par le biais d'une « médiation humanitaire » dans les communautés et a été considérée comme impartiale par les parties divisées. Les risques de conflit liés à l'intervention n'ont pas disparu, et certains y ont vu la nécessité de consentir plus d'efforts dans ce domaine, mais l'approche sensible aux conflits adoptée lors de l'intervention a joué un rôle important en faveur de l'impartialité humanitaire, de l'acceptation par les communautés, et de la bienveillance dans un climat de très forte tension et de division (voir Sensibilité aux conflits, p. 88).

## Conclusions

63. En résumé, neuf conclusions principales peuvent être retenues :

- L'intervention a eu un large impact positif sur la crise.
- L'intervention a eu des difficultés à fournir des résultats spécifiques et satisfaisants.
- L'intervention s'est concentrée sur le court terme uniquement.
- Le cadre de gestion de la performance n'était pas adapté.
- L'intervention a été tributaire du mécanisme L3.
- Le leadership a été entravé par la faiblesse des structures de coordination.
- Le cycle de programmation humanitaire n'est pas parvenu à améliorer l'efficacité.
- La couverture est restée un problème fondamental.
- L'intervention n'a pas été suffisamment à l'écoute de la population touchée.

# Recommandations

64. Ces recommandations sont préparées à l'intention du CH/EPAH et du groupe de travail (GT) du CPI. Elles apportent des conseils stratégiques pour une réponse collective au-delà des responsabilités individuelles ou sectorielles et n'intègrent pas de conseils techniques détaillés concernant leur mise en œuvre. Elles sont basées sur les conclusions de l'évaluation et utilisent des données issues de l'examen de la documentation du CH/EPAH et du groupe de travail du CPI qui s'y rapportent. Elles sont présentées par ordre d'importance.

## Recommandations urgentes

| Recommandation | Responsabilité | Calendrier | Liens dans le rapport |
|---|---|---|---|
| **1. Améliorer la stratégie et la performance interorganisations** | | | |
| a) Le CH/EPAH doit élaborer une stratégie interorganisations visant à améliorer la performance et mettant clairement l'accent sur l'assistance, la protection, les services de base et la résilience. Pour ce faire, il doit envisager de :<br>i. Renforcer l'assistance par une meilleure qualité, intégrité et répartition, et une consultation des bénéficiaires visés ;<br>ii. Répondre aux différents problèmes de protection : inclure la protection des civils et les droits de l'homme, notamment la liberté de circulation, le retour volontaire, les droits de propriété, et, surtout, des solutions originales et exhaustives pour mettre fin au problème des déplacements ;<br>iii. Soutenir une résilience axée sur des solutions, le relèvement et la transition, en concertation avec les acteurs du développement. Dans ce but précis, il faut : garantir une approche participative impliquant toutes les parties prenantes ; promouvoir la durabilité dans tous les plans d'action ; intégrer des aspects de gouvernance qui soutiendront les gouvernements ainsi que des mécanismes plus larges pour favoriser des processus de transition ascendants portés par la communauté ; soutenir le développement d'institutions/structures d'État ; transformer les relations sociales, politiques et économiques en vue de promouvoir l'appropriation nationale et locale.<br>Créer une approche globale de la gestion des risques couvrant l'ensemble des risques stratégiques, y compris l'insécurité, l'impraticabilité des routes et la baisse des capacités financières et humaines après la fin de la situation d'urgence de niveau 3. | CH/EPAH | Immédiatement, en tant que contribution au Plan d'intervention humanitaire 2016 | Conclusions 1, 2, 3, 4<br>Conclusions sur les résultats, la protection, la résilience communautaire, les réalisations, la planification stratégique et la préparation |

| Recommandation | Responsabilité | Calendrier | Liens dans le rapport |
|---|---|---|---|
| b) Le CPI doit enrichir le modèle d'impact de l'évaluation humanitaire interorganisations avec les enseignements tirés de la situation en République centrafricaine afin de guider les futures interventions en cas d'urgence chronique et complexe. Ce modèle doit intégrer les enseignements liés à la protection des civils, des attentes claires en matière de résilience et des recommandations sur les méthodes de signalement des vies sauvées et des risques évités. Pour ce faire, le CPI doit envisager de :<br>i. Développer le modèle d'impact de l'évaluation humanitaire interorganisations en se basant sur les autres apprentissages, pour en faire un outil basé sur des données qui guidera les interventions collectives dans le cadre d'urgences « complexes », de crises chroniques, de catastrophes naturelles et d'autres situations d'urgence soudaines ;<br>ii. Tirer des enseignements sur la protection des civils en République centrafricaine, où la seule intervention humanitaire ne pouvait pas mettre fin à la crise, alors qu'une réponse anticipée ou différente aurait pu prévenir les déplacements de population, alors que ceux-ci n'ont jamais été aussi élevés à l'échelle mondiale (Haut-Commissariat des Nations Unies pour les réfugiés, juin 2015) ;<br>iii. Réviser la politique et/ou fournir des recommandations sur la résilience appliquée aux urgences complexes (y compris la résilience face au choc lié à des attaques violentes), soutenir des stratégies d'adaptation, aider des personnes sur place et dans la brousse, éviter la fuite vers des sites de déplacés, et aider les familles et les communautés d'accueil.<br>Fournir des recommandations sur les méthodes de mesure et de signalement du nombre de vies sauvées et de risques évités dans des situations d'urgence complexes. | CPI (GT) | En cours, et lors du prochain examen des Directives de l'évaluation humanitaire interorganisations | Conclusions 1, 2, 3, 4<br>Conclusions sur les résultats, la protection, la résilience communautaire, les réalisations et la planification stratégique |

| Recommandation | Responsabilité | Calendrier | Liens dans le rapport |
|---|---|---|---|
| **2. Capacité de mobilisation** | | | |
| Le CH/EPAH doit promouvoir la mobilisation maximale des capacités après leur intensification dans le cadre de l'état d'urgence de niveau 3, notamment les capacités humanitaires, les capacités de développement et de maintien de la paix et les capacités locales et nationales, en suivant un programme cohérent et exhaustif. Pour ce faire, il doit envisager de :<br>i. Encourager les intervenants humanitaires à œuvrer collectivement en mobilisant des capacités pour répondre avec régularité aux besoins humanitaires à grande échelle, suite à la déclaration de l'état d'urgence de niveau 3 et face à la faiblesse des capacités de l'État ;<br>ii. Collaborer avec les acteurs du développement pour satisfaire les besoins de résilience et de relèvement, et avec les acteurs de la consolidation de la paix pour répondre aux besoins de protection à grande échelle.<br>Collaborer avec les ressources nationales et locales et les soutenir afin de satisfaire les besoins à grande échelle via une réhabilitation des services de base partout où cela est possible. | CH/EPAH | Immédiatement, en cours au titre du Plan d'intervention humanitaire 2016 | Conclusion 5<br>Conclusions sur le mécanisme, les facteurs, les capacités et la couverture L3 |
| Le CPI doit maintenir une réponse adéquate en République centrafricaine après la fin de l'urgence de niveau 3, et chercher à adapter le mécanisme afférent aux urgences chroniques. Pour ce faire, il doit envisager de :<br>i. Maintenir dans le pays une réponse adaptée tout en effectuant une transition visant à ne plus dépendre de l'intensification des moyens liée à l'urgence de niveau 3 ; garantir une bonne définition des priorités, une attention et des financements pertinents basés sur les besoins ; dialoguer dans ce but avec les acteurs politiques, les acteurs du développement et bailleurs de fonds ;<br>ii. Adapter le mécanisme L3 aux urgences chroniques ou prolongées, au-delà de la réponse aux besoins urgents et ponctuels ;<br>iii. Clarifier l'objectif, le délai et la désactivation du mécanisme L3 lors d'une crise chronique.<br>Favoriser une transition au bon moment vers un autre mécanisme capable de répondre aux besoins chroniques dans un environnement de crise prolongée complexe, tel qu'un plan de stabilisation exhaustif. | CPI (GT) | Immédiatement, en cours au titre du Plan d'intervention humanitaire 2016 | Conclusion 5<br>Conclusions sur les mécanismes, facteurs, capacités et couverture L3 |

## Recommandations importantes

| Recommandation | Responsabilité | Calendrier | Liens dans le rapport |
|---|---|---|---|
| **3. Favoriser le leadership** | | | |
| Le CH/EPAH doit favoriser un leadership stratégique en assumant un rôle de direction dédié et en mettant en place des structures de coordination opérationnelles et des communications structurées avec les parties prenantes. Pour ce faire, il doit envisager de :<br>i. Maintenir la fonction du coordonnateur humanitaire principal ou du coordonnateur humanitaire dédié, qui possède une vision stratégique et la capacité de travailler avec des acteurs politiques, du développement et militaires/de consolidation de la paix ;<br>ii. Garantir le bon fonctionnement de l'EPAH, de la coordination intersectorielle et de la gestion de l'information, notamment par la mise en œuvre des recommandations d'examen opérationnel par les pairs qui s'y rapportent et par l'implication des représentants de la population touchée dans la structure de coordination. Dans ce but, il faut : garantir un partenariat inclusif avec des acteurs locaux via une collaboration efficace et performante avec les ONG nationales, les organisations de la société civile, les communautés religieuses et les autorités locales ; promouvoir leur participation à l'échange d'informations et à l'analyse et leur contribution au plan d'intervention humanitaire ; encourager les autorités locales à participer au mécanisme de coordination.<br>Garantir le fonctionnement de l'EPAH en effectuant prioritairement lors des réunions un état des lieux des progrès collectifs par rapport à la stratégie ; garantir la présence de dirigeants d'organisation jouissant d'un pouvoir décisionnel ; former des groupes consultatifs ad hoc pour prendre des décisions sur des points critiques. | CH/EPAH | Immédiatement, au titre du Plan d'intervention humanitaire 2016 | Conclusion 6<br>Conclusions sur la coordination et le leadership |
| Le CPI doit tirer des enseignements concernant le leadership « stratégique » en cas d'urgence chronique. Pour ce faire, il doit envisager de :<br>i. Reconnaître l'importance de la gouvernance « stratégique » en cas d'urgences chroniques telles que celle vécue en République centrafricaine ;<br>ii. Reconnaître l'importance du leadership y compris celui de l'EPAH pour la coordination, l'importance de structures favorables et les limites du modèle consistant à se reposer sur les « bonnes personnes » ;<br>iii. Examiner pourquoi les mécanismes ont mal fonctionné malgré des financements relativement généreux.<br>Établir clairement la valeur ajoutée d'une coordination stratégique menée par les Nations Unies dans une situation d'urgence (notamment en rationalisant son fonctionnement) et garantir que ses mécanismes interdépendants (EPAH, coordination intersectorielle, groupes sectoriels et gestion de l'information) sont soit pertinents, soit désactivés. | CPI (GT) | Immédiatement, en tant que fonction de la gestion des connaissances | Conclusion 6<br>Conclusions sur la coordination et le leadership |

| Recommandation | Responsabilité | Calendrier | Liens dans le rapport |
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| **4. Renforcement du processus** | | | |
| Le CH/EPAH doit résoudre les principales faiblesses du processus de coordination afin de renforcer son efficacité. Il doit privilégier une évaluation des besoins visant des vulnérabilités et des groupes de bénéficiaires spécifiques, sur la planification stratégique et le suivi, et définir une approche de préparation efficace avec les acteurs du développement. Pour ce faire, il doit envisager de :<br>i. Renforcer les trois éléments interdépendants du cycle de programmation humanitaire qu'il est possible d'améliorer sensiblement afin de renforcer la coordination et l'efficacité : l'évaluation des besoins, la planification stratégique et le suivi ;<br>ii. Définir une approche efficace de la préparation avec les acteurs du développement, notamment en mettant régulièrement à jour les plans de préparation et les plans d'urgence du pays, d'après les recommandations du CPI (examen opérationnel par les pairs).<br>Faciliter la participation collective au cycle de programmation humanitaire en garantissant un processus efficace suivant un calendrier de travail approprié. | CH/EPAH | Immédiatement, au titre du Plan d'intervention humanitaire 2016 | Conclusion 7<br>Conclusions sur le cycle de programmation humanitaire, l'évaluation des besoins, la planification stratégique, le S&E et la préparation |
| Le CPI doit examiner l'utilité (facilité d'utilisation) du modèle de cycle de programmation humanitaire, proposer une formation pour sa mise en œuvre et renforcer l'élément de suivi, évaluation et apprentissage. Pour ce faire, il doit envisager de :<br>i. Garantir l'utilité (facilité d'utilisation) du cycle de programmation humanitaire en l'allégeant et en le rendant plus simple d'utilisation pour le CH/EPAH et toutes les parties prenantes, veiller à l'intégration des enseignements et études de cas d'autres interventions et à son applicabilité en tant que boîte à outils (et non en tant que cadre de responsabilité) ;<br>ii. Proposer une formation à l'utilisation et la mise en œuvre du cycle de programmation humanitaire aux responsables de la coordination du CH/EPAH, du Bureau de la coordination des affaires humanitaires (BCAH) et des principaux acteurs opérationnels ;<br>iii. Examiner le rôle de la préparation dans le cycle de programmation humanitaire, engager des ressources pour la préparation et l'action rapide (y compris la prévention) en réponse aux alertes rapides, et poursuivre le financement dans l'objectif d'éviter des urgences de niveau 3.<br>Réviser l'élément de suivi afin de renforcer le suivi, l'évaluation et l'apprentissage, dans l'optique d'une gestion de la performance, d'un leadership stratégique et d'une responsabilisation plus efficaces à l'avenir, pour toutes les interventions. Le suivi et l'évaluation étant des éléments importants de l'intervention humanitaire, il est nécessaire de promouvoir un plan de suivi et évaluation intégré dans le mécanisme L3, comme le prévoient les exigences du programme pour le changement relatives au suivi de la performance. | CPI (GT) | Immédiatement, en tant que fonction de la gestion des connaissances | Conclusion 7<br>Conclusions sur le cycle de programmation humanitaire, l'évaluation des besoins, la planification stratégique, le S&E et la préparation |

| Recommandation | Responsabilité | Calendrier | Liens dans le rapport |
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| **5. Définition des responsabilités** | | | |
| Le CH/EPAH doit élaborer un cadre de responsabilité collectif proposant des mécanismes de suivi pour la couverture, les besoins spécifiques, la responsabilité à l'égard des populations touchées et le degré de rapprochement avec le développement national. Pour ce faire, il doit envisager de :<br>i. Identifier et suivre les besoins non résolus et non ciblés, y compris les populations difficiles à atteindre, et recourir au plaidoyer quand les besoins ne peuvent pas être satisfaits ;<br>ii. Identifier de toute urgence les besoins des groupes vulnérables au sein des populations bénéficiaires, notamment les personnes handicapées, les personnes âgées, les personnes seules, et les garçons et jeunes hommes.<br>Mettre en œuvre les cinq principes de responsabilité à l'égard des populations touchées tout au long de l'intervention, via des engagements du CH/EPAH, une définition des responsabilités, la participation des parties prenantes à tous les niveaux (y compris au niveau stratégique), un système de retour d'information et de réclamation au niveau de l'intervention, et un suivi régulier du niveau de satisfaction et des priorités des populations. | CH/EPAH | Immédiatement, au titre du Plan d'intervention humanitaire 2016 | Conclusions 8 et 9<br>Conclusions sur la couverture, les besoins spécifiques, la responsabilité à l'égard des populations touchées, la participation, les capacités et le développement national |
| Le CPI doit examiner le cadre collectif de responsabilité relatif aux urgences chroniques, en proposant des recommandations et des mécanismes de suivi. Pour ce faire, il doit considérer :<br>i. Les principes humanitaires et leur lien avec la couverture, des évaluations des besoins spécifiques et exhaustives et l'accès sécurisé ; un suivi indépendant de l'évaluation des besoins, potentiellement nécessaire pour sensibiliser aux besoins non couverts ;<br>ii. Les engagements de responsabilité à l'égard des populations touchées, leur mise en œuvre au niveau stratégique et leur intégration éventuelle dans l'ensemble du cycle de programmation humanitaire ;<br>iii. Les liens avec le développement national et l'implication de capacités locales et nationales quand l'État s'est effondré et que le gouvernement de transition ne possède pas l'autorité et les moyens nécessaires au relèvement. | CPI (GT) | Immédiatement pour la politique du CPI, et lors du prochain examen pour le cycle de programmation humanitaire | Conclusions 8 et 9<br>Conclusions sur la couverture, les besoins spécifiques, la responsabilité à l'égard des populations touchées, la participation, les capacités et le développement national |

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ANNEXES

# 1. INTRODUCTION

65. This report presents the findings of an inter-agency evaluation of the humanitarian response to the 2013–2015 emergency in the Central African Republic. It analyses the collective response, as envisaged in the 2014 Strategic Response Plan and 2015 Humanitarian Response Plan, by members of the Inter-Agency Standing Committee (IASC) at the global and country levels, from the declaration of an L3 emergency on 11 December 2013 until mid-2015.

## 1.1 Background and Purpose

66. This section describes the international context for this Inter-Agency Humanitarian Evaluation (IAHE) in the Central African Republic, including the evolution of inter-agency coordination efforts, the establishment of IAHEs, and some underlying assumptions.

67. Recognizing the multiplicity of expectations and diversity of stakeholders for this evaluation, the following user-focused objectives were established to frame the overall lines of inquiry for this IAHE. They are based on an alignment of expectations defined in the terms of reference (ToR) and IAHE Guidelines, and informed by consultations with IAHE steering group members.

- Accountability to stakeholders: To conduct an independent assessment of strategic results (and overall assessment of the inter-agency response) in order to provide collective accountability to (including a basis for dialogue among) all stakeholders, in particular affected populations and global stakeholders (including donors).
- Humanitarian learning: To assess how key response mechanisms (i.e., inputs and outputs/HPC and pillars of the Transformative Agenda) contributed to results, in order to capture lessons (and good practices) for operational and global stakeholders.
- Strategic direction: To provide policy recommendations to the IASC and practice recommendations to the HCT, in order to inform the preparation of the HRP 2016 and enable key improvements.

68. Since 1991, General Assembly resolution 46/182 has provided the institutional framework for emergency relief globally, and it continues to guide the work of the humanitarian system today.[1] In 1992, the Inter-Agency Standing Committee (IASC) was established as the primary mechanism for inter-agency coordination of humanitarian assistance. In 2005, a humanitarian reform process was initiated by the Emergency Relief Coordinator, together with the IASC, in order to improve the effectiveness of humanitarian responses to crises. In 2011, recognizing weaknesses in the multilateral humanitarian response system, the IASC agreed to a Transformative Agenda (TA), a set of actions that would engender substantive improvements to the current humanitarian response model. Under its three pillars – leadership, coordination and accountability – new strategies and tools have been introduced.

69. In 2013, on the basis of the three pillars of the TA, the IASC endorsed the TA Protocols. The Protocols now consist of 10 reference documents (see box next page) that include a set of actions to address challenges in leadership, enhance coordination and improve accountability for the achievement of results. The fifth TA Protocol relates to the Humanitarian Programme Cycle (HPC), which is defined as a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian responses. The HPC consists of five elements: needs assessment and analysis; strategic response planning; resource mobilization; implementation and monitoring; and the Operational Peer Review (OPR) and the IAHE. OPRs and IAHEs are tools to assess whether the collective response has met its objectives and provide information on areas that need improvement.

[1] United Nations General Assembly resolution 46/182, 'Strengthening of the coordination of humanitarian emergency assistance of the United Nations' (78th plenary meeting, 19 December 1991).

**Table 1: Transformative Agenda Protocols: Reference documents**

1. Concept Paper on 'Empowered Leadership', revised March 2014
2. Humanitarian System-Wide Emergency Activation: Definition and procedures
3. Responding to Level 3 Emergencies: What 'Empowered Leadership' looks like in practice
4. Reference Module for Cluster Coordination at the Country Level (revised July 2015)
5. Humanitarian Programme Cycle Reference Module 2.0 (July 2015)
6. Accountability to Affected Populations Operational Framework
7. Inter-Agency Rapid Response Mechanism (IARRM) Concept Note (December 2013)
8. Common Framework for Preparedness (October 2013)
9. Emergency Response Preparedness (draft for Field Testing, July 2015)
10. Multi-Sector Initial Rapid Assessment Guidance (revised July 2015)

https://interagencystandingcommittee.org/iasc-transformative-agenda

70. The IASC Principals agreed that major, sudden-onset humanitarian crises triggered by natural disasters or conflict that require system-wide mobilization (so-called Level 3/L3 emergencies) are subject to a humanitarian system-wide emergency activation (henceforth referred to as L3 activation). This exceptional measure is applied in circumstances that demand mobilization beyond normal levels. It ensures a more effective response to the humanitarian needs of affected populations by recognizing the complementarity of humanitarian systems.[2]

## Inter-Agency Humanitarian Evaluations (IAHEs)

71. As part of these reform efforts, Inter-Agency Humanitarian Evaluations (IAHEs) of large scale system-wide emergencies have been introduced in order to strengthen learning and promote accountability, while responding to the call of United Nations Member States for greater system-wide coherence through the adoption of more harmonized and coordinated approaches. Under the TA, IAHEs constitute the final component of the common Humanitarian Programme Cycle (HPC), and are automatically triggered by the declaration of a system-wide L3 emergency. IAHE final reports are expected to be available between 12 and 15 months after the declaration of an L3 emergency.

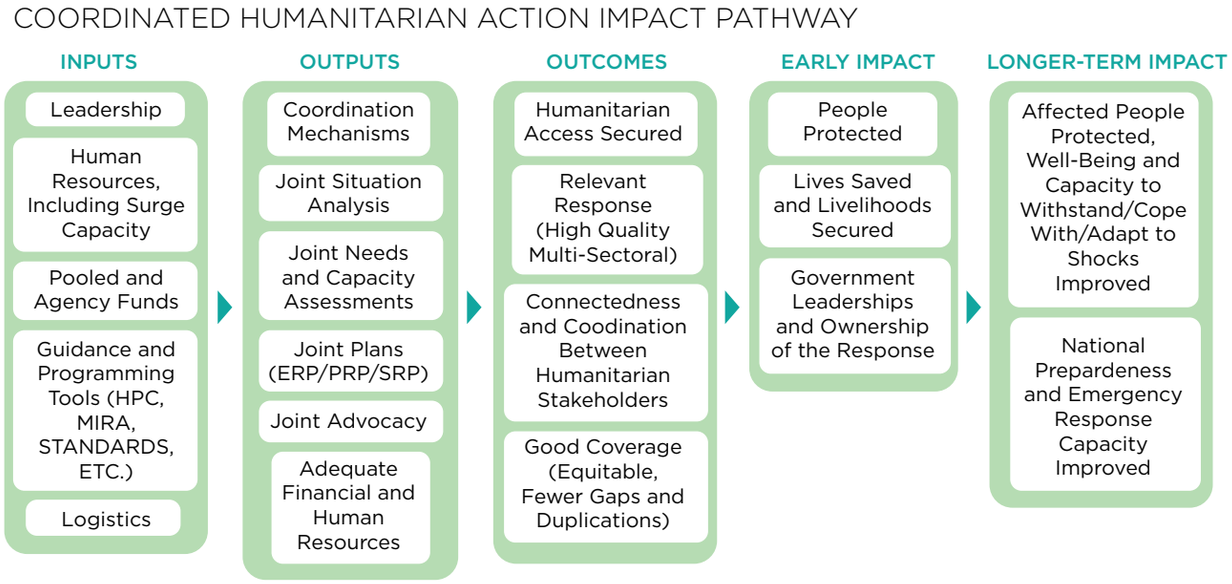
72. The Operational Peer Reviews (OPRs), an internal, inter-agency management tool, are used to identify areas for improvement early in a response. An OPR is designed to be a light, brief and collaborative process, undertaken by peers. It is not intended to measure results or the impact of the response. IAHEs are conducted at a later stage of the humanitarian response and their main purpose is to promote accountability to donors and affected populations. The promotion of accountability includes the consistent application of quality standards, adherence to core humanitarian principles and fostering strategic learning for the humanitarian system.

## Assumptions

73. It is good practice for an evaluation to make explicit the assumptions underlying the object of evaluation, and to interrogate its logic model or 'Theory of Change'. Reflecting on assumptions that underlie the inter-agency response in the Central African Republic, and taking into account the IAHE Impact Pathway (Table 2), we raised the following questions to guide our proposed approach: (i) What did the inter-agency response achieve in relation to saving lives and reducing suffering? (ii) How well applied were inter-agency coordination mechanisms, and how much did they contribute to achievements? (iii) How responsible and accountable was the inter-agency response in relation to the population affected as well as local and national stakeholders?

[2] IASC (2012). 'Humanitarian System-Wide Emergency Activation: Definition and procedures', IASC Transformative Agenda Reference Document, 13 April 2012.

**Table 2: IAHE Impact Pathway**




Source: 'IAHE Guidelines 2014'.

## 1.2 COUNTRY CONTEXT

74. This section describes the context for the inter-agency response in the Central African Republic: a protracted crisis that evolved into a complex and acute emergency in 2012–2013, a concerted inter-agency response in 2014–2015, and continued large-scale humanitarian needs in 2015.

### Protracted crisis

75. In 2012, the Central African Republic faced a chronic crisis in human development. The country ranked third lowest in the United Nations Development Programme's (UNDP) Human Development Index, out of 187 countries and territories.[3] UNICEF reported that the Central African Republic was experiencing a "chronic and silent structural emergency," reflected in a very high level of poverty (63 per cent of the population under the poverty line), one of the lowest life expectancies (48 years), under-five mortality at 164 per 1,000 live births (eighth worst in the world), maternal mortality at 890 per 100,000 live births (third highest in the world) and a high death rate from infectious diseases (fifth highest in the world).[4]

76. At the same time, the country faced a chronic crisis in governance. Since independence in 1960, it had experienced multiple coups d'état, and a long-standing economic crisis that eroded the country's capacity to provide basic services and protection to its people. The president since October 1993, Ange-Félix Patassé, was ousted in March 2003 by General François Bozizé, who was himself ousted a decade later by the mainly Muslim Séléka militia led by Michel Djotodia, whose short-lived rule lasted from March 2013 until January 2014. These coups coincided with corruption, human rights violations, repression of free political expression, nepotism, development failures and disregard for the population's needs. Successive corrupt governments sought only personal enrichment through embezzlement of public funds, looting of public corporations and illegal exploitation of gold and diamond mines.[5] By 2013, the aid-dependent economy had collapsed without serious investors, and barely existent social services were subcontracted to donors and NGOs.[6]

[3] <http://hdr.undp.org/en/content/human-development-report-2012>.

[4] <www.unicef.org/hac2011/files/HAC2011_4pager_CAR.pdf>.

[5] UN Security Council (2014). Letter dated 26 June 2014 from the United Nations Secretary-General addressed to the President of the Security Council.

[6] International Crisis Group (2014). *The Central African Crisis: From predation to stabilisation* (Africa Report N219, Brussels, 17 June 2014), <www.crisisgroup.org/-/media/Files/africa/central-africa/central-african-republic/219-la-crise-centrafricaine-de-la-predation-a-la-stabilisation-english.pdf>.

77. In 2012, the Central African Republic faced a silent and forgotten emergency with "substantial humanitarian repercussions" and "chronic vulnerability." Its intensity varied by region, exacerbated by minimal access to basic services, destabilizing armed actors, and localized natural disasters. An estimated 98,892 people were affected by displacement (IDPs and refugees), and some 663,520 people were in need, including those living in a humanitarian emergency or a fragile situation.[7]

## Complex emergency (2012–2013)

78. In 2013, this protracted crisis became an increasingly complex emergency. The overthrow of General Bozizé in March 2013 triggered a violent conflict. In 2012, the Séléka coalition of three rebel groups had taken control of the north and centre of country; in March 2013, it overran Bangui, the capital, and seized power. During their descent on Bangui, Séléka forces – many of them mercenaries from neighbouring Chad and Sudan – committed wanton violence, looting, destruction and killings, which continued after they took power, making the Djotodia regime very unpopular.[8]

79. The overthrow of Djotodia in December 2013 was accompanied by further atrocities and grave rights violations. Armed militias led by the remnants of the nation's armed forces and self-defence groups known as anti-balaka organized to confront the Séléka. The situation quickly degenerated into retaliation attacks by both sides.[9] The many atrocities committed provoked fierce community tensions and systematic targeting of Muslims in Bangui and the west of the country and destroyed an already declining economy.[10] Violence against civilians and ethnic minorities soared in the northern and western regions, generating a dangerous spiral of violence marked by gruesome attacks and retaliation.[11]

80. The crisis set off international alarm about genocide and mass atrocities. In November 2013, France warned that the Central African Republic was "on the verge of genocide" and the United Nations Secretary-General said further tension "might well lead to uncontrollable sectarian violence with untold consequences for the country, the subregion and beyond."[12] In December, the United States Ambassador to the United Nations, Samantha Power, travelled to the Central African Republic to underline her country's commitment to stemming mass atrocities. The people, she warned, were facing "profound danger, and we all have a responsibility to help them move away from the abyss."[13] Some noted that preventative steps could have mitigated the violence.[14]

81. By 2013, the whole population was directly or indirectly affected. Approximately 2.2 million, out of a total population of 4.6 million, were in need of humanitarian assistance, including more than 394,900 IDPs and 20,300 refugees. Roughly 1.3 million people faced food insecurity.[15] In October 2013, the Humanitarian Country Team (HCT) identified the following priority needs: (i) Multi-sectoral needs for highly vulnerable affected populations related to displacement, including host communities; (ii) Protection needs related to exactions carried out by armed and non-armed groups; and (iii) Isolated sectorial crises identified through the vulnerability mapping.[16]

[7] United Nations (2013), Central African Republic Consolidated Appeal 2013.

[8] UN Security Council (2014).

[9] Ibid.

[10] International Crisis Group (2014).

[11] United Nations (2013a). *100 Day Plan for Priority Humanitarian Action in the Central African Republic*, 24 December 2013–2 April 2014 (23 December 2013).

[12] Reuters (2013). 'France says Central African Republic on verge of genocide', 21 November 2013, http://uk.reuters.com/article/2013/11/21/uk-centralafrica-france-idUKBRE9AK0WU20131121.

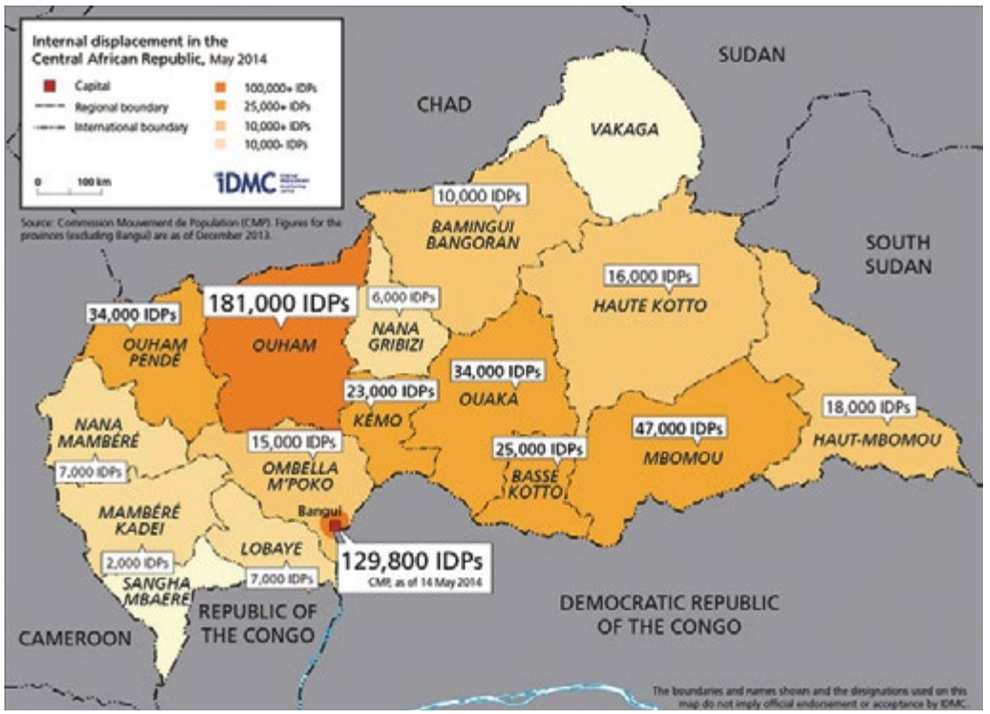
[13] Lynch, Colum (2013). 'Can Samantha Power Wage a War on Atrocities in Central African Republic?', *Foreign Policy*, 19 December 2013, <http://foreignpolicy.com/2013/12/19/can-samantha-power-wage-a-war-on-atrocities-in-central-african-republic/>.

[14] Ibid.

[15] OCHA (2013). 2014 *Humanitarian Needs Overview: Central African Republic*, October 2013.

[16] OCHA (2013); United Nations (2013a).

**Figure 1: Internal displacement in the Central African Republic, May 2014**




Source: International Displacement Monitoring Centre (IDMC), 2014.

82. In 2013, the number of people displaced increased tenfold. Between March 2013 and July 2014, displacement figures skyrocketed, until around 958,000 people (20 per cent of the country's population) were believed to be internally displaced.[17] Displacement took place in both rural and urban areas, especially Bangui, Bossangoa and Kaga Bandoro. The duration of the displacements varied significantly. Unlike previous crises, many IDPs sought refuge in camp-like and spontaneous settlements both in Bangui – where up to 100,000 IDPs gathered at the international airport – and in the provinces. Some populations fled into the bush where unknown numbers died from untreated illnesses.[18]

83. In August 2013, the Djotodia government drafted a plan for responding to the emergency and promoting durable recovery, covering the following aspects: (i) Security, peace, governance and the rule of law; (ii) Civil protection, civil administration; (iii) Essential services, HIV/AIDS and the environment; and (iv) Economic and financial reforms, and promoting growth.[19] In October 2013, the emergency and recovery plan was presented as an operational road map with four pillars: (i) Restoring security and consolidating peace; (ii) Humanitarian assistance; (iii) Politics and governance; and (iv) Economic revival. The road map required US$440 million, including US$117 million for humanitarian assistance focused on the return of displaced persons and re-establishing basic services.

## Acute phase (December 2013)

84. In December 2013, the Central African Republic's complex emergency plunged into a highly visible acute phase. On 5 December, violence escalated when anti-balaka militia attacked Bangui and Bossangoa, leading to sectarian fighting between this Christian militia group and fighters of the largely Muslim former Séléka rebel movement. Atrocities by armed actors resulted in gross

[17] Internal Displacement Monitoring Centre (2014).

[18] Save the Children (2013). 'Central African Republic: Life in the Bush – "We Live Like Animals, We Are Barely Surviving"', (Michael McCusker, Programme Officer, 2 December 2013), <www.savethechildren.net/article/central-african-republic-life-bush-%E2%80%9Cwe-live-animals-we-are-barely-surviving%E2%80%9D>.

[19] République centrafricaine (2013). 'Projet de programme d'urgence et de relèvement durable 2013–2015', draft, August 2013.

human rights violations, countless deaths and thousands of displacements. Within two weeks, more than 1,000 people were killed and some 215,000 people displaced, with many taking up residence in more than 50 makeshift sites in Bangui or with host families. In total, about 639,000 people were internally displaced, or 14 per cent of the population. With intercommunal violence rife and evidence of ethnic cleansing in some areas, the country seemed to be spiralling into chaos.[20] The situation was exacerbated by the Chadian army evacuation, the PK12 Muslim community relocation, the *de facto* partition of the Central African Republic with Bambari as front line, and ex-Séléka and anti-balaka groups split into multiple groups and factions.

85. Violence and fear gripped the population, resulting in the further collapse of the state administration, public infrastructure and basic social services. The protection and security dimensions of the crisis were key concerns. Armed groups reportedly committed indiscriminate attacks against civilians, sexual and gender-based violence, recruitment of children, summary executions, forced disappearances and torture. Large-scale displacement, destruction of property and loss of livelihoods exacerbated vulnerabilities of an already fragile population and increased the incidence of disease.[21]

86. In January 2014, the HCT highlighted the following priority concerns: extensive displacement, with 902,000 IDPs in the country and 478,000 in Bangui alone; a lack of health services and medication, with two thirds of the population lacking access to health care; protection concerns disrupting livelihoods, with nine of ten communities in affected areas reporting security incidents and risk of rape; extremely poor water, hygiene and sanitation conditions, with an average of just one latrine for 1,200 persons in Bangui displacement sites; and targeted violence, with growing faith-based polarization and a rise in targeted violence against minority populations.[22]

87. In January 2014, a government of transition, led by the interim President Catherine Samba-Panza, was put in place to govern the country for 18 months, amend the constitution and hold elections by the end of 2015. Political uncertainty, heightened by renewed violence in Bangui in October, contributed to shifting political dynamics within the ex-Séléka. New factions, largely drawn along ethnic lines, emerged. Preparations for elections moved forward at a slow pace. The economy remained sluggish.[23]

88. During 2014, the security situation remained highly volatile. Frequent clashes among armed groups or criminal elements and attacks against civilians continued. Fragmentation, internal leadership struggles, and the lack of command-and-control authority within the anti-balaka and among ex-Séléka factions were accompanied by continued clashes among those armed groups. Throughout the country, widespread insecurity, threats of violence and gross human rights violations continued to affect the civilian population. Following a relative improvement in the security situation, particularly in the capital, the reporting period saw a resurgence of violence largely driven by anti-balaka elements in Bangui. Outside Bangui, a continuous cycle of provocations and reprisals by armed groups, either politically or criminally motivated, continued to undermine the safety and security of civilians. The humanitarian situation remained critical throughout the country.[24]

89. The Séléka and anti-balaka were accused of violations of international human rights and international humanitarian law, including violations of the right to property (pillage and destruction). The Séléka were further accused of extrajudicial assassinations; indiscriminate

[20] United Nations (2013a).

[21] Ibid.

[22] OCHA (2014). 2014 Strategic Response Plan Central African Republic (revised), 19 January 2014.

[23] UN Security Council (2014d). 'Report of the Secretary-General on the situation in the Central African Republic', UN Security Council, 28 November 2014.

[24] Ibid.

and targeted killing of civilians; mass executions; and sexual and gender-based violence. The anti-balaka were also accused of killings and ethnic cleansing.[25]

90. The number of people displaced continued to rise, with over eight times as many internally displaced persons (IDPs) as in April 2013. Most IDPs continued to take residence in makeshift sites, such as religious buildings or the Bangui International Airport, and some were hosted by local communities. Across the country, a large number of the displaced, particularly in hard-to-reach areas, went without safe water, shelter, health and nutritional support for almost a year.[26] Serious challenges to property rights existed after homes and agricultural fields were vacated. The total scale of the violations and abuses remains unknown.[27]

91. When Séléka forces withdrew from western areas under military pressure from French peacekeeping forces, Muslims were left at the mercy of the anti-balaka. Tens of thousands of Muslims fled for their lives to Cameroon or other areas of the country. Villages were emptied of their Muslim populations, homes were looted and mosques torched. Thousands found safety at Catholic parishes, military bases of African Union and French peacekeepers, and in Muslim neighbourhoods. Anti-balaka forces also relentlessly attacked ethnic Peuhl, a Muslim nomadic population numbering about 300,000, many of whom tried to escape to Cameroon or make their way to enclaves protected by peacekeepers.[28] At this time, the number of Central African refugees in the neighbouring states of Cameroon, Chad, Congo and the Democratic Republic of the Congo rose from 246,000 in January to 349,452 at the beginning of May 2014.[29]

92. Although Muslims have a significant presence in the north-east of the Central African Republic, many Muslims who remained in the country were trapped in 'enclaves' under the protection of peacekeepers, with limited freedom of movement and under constant risk of attack. In Bangui, the Muslim population dropped from 145,000 to nearly 25,000. Amnesty International called it "ethnic cleansing," warned of a Muslim exodus of historic proportions and criticized international peacekeepers for failing to prevent it.[30]

93. During 2014, the crisis remained deep and complex, with large-scale humanitarian consequences. Insecurity limited access and restricted assistance to several parts of the country. Displacement remained a key challenge, preventing access to humanitarian assistance, protection and return to home areas. Humanitarian needs revolved around three primary challenges: the emergency, the chronic crisis and the risk of further localized emergencies. Recurring insecurity, economic collapse and a profound tearing of the social and community fabric plunged populations into insecurity and increasing vulnerabilities, especially for women and children.[31]

94. The African-led International Support Mission to the Central African Republic (MISCA) was created by the United Nations Security Council on 5 December 2013, with a mandate to protect civilians and restore security. The United Nations then decided on a transfer of authority from MISCA to the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), a much larger group. This took place on 15 September 2014. In August, MINUSCA developed a United Nations system-wide protection of civilians strategy that was finalized in September. MINUSCA protection efforts focused on the development of measures to prevent threats to civilians and on the allocation of resources to implement them.

[25] UN Security Council (2014c). 'Preliminary Report of the International Commission of Inquiry on the Central African Republic', submitted pursuant to the Security Council resolution 2127 (2013), June 2014.

[26] United Nations (2013a).

[27] Norwegian Refugee Council, OXFAM, Save the Children, IRC, Concern, Intersos, CRS, INSO, DRC, MercyCorps, CAFOD, Tearfund, IDMC (2014). 'Central African Republic: No more half measures', 26 September 2014.

[28] Human Rights Watch (2014). 'Central African Republic: Muslims trapped in enclaves', HRW, 22 December 2014, <www.hrw.org/news/2014/12/22/central-african-republic-muslims-trapped-enclaves>.

[29] International Displacement Monitoring Centre (2014).

[30] Amnesty International (2014). 'Central African Republic: Ethnic cleansing and sectarian killings', 12 February 2014, <www.amnesty.org/en/articles/news/2014/02/central-african-republic-ethnic-cleansing-sectarian-violence/>.

[31] OCHA (2014). '2015 Aperçu des besoins humanitaires République Centrafricaine', October 2014.

MINUSCA signed a memorandum of understanding for quick-impact projects in October and November for the light rehabilitation of key infrastructure. Together with the HCT and international partners, MINUSCA initiated dialogue and confidence-building measures among communities and within ethnic and religious groups.[32]

95. During 2014, some development-oriented programmes were introduced. The International Organization for Migration (IOM) and the United Nations Development Programme (UNDP) continued to support several cash-for-work initiatives aimed at providing immediate income-generating opportunities to youth at risk, displaced persons and women. UNDP, in partnership with the Peacebuilding Fund, also supported the payment of salaries to police and the gendarmerie from May to August 2014. In parallel, the World Bank supported the payment of salaries to the rest of the civil service, while the transitional authorities continued to be responsible for the payment of salaries to the armed forces. In September, the European Union began providing general budget support until the end of 2014, with the aim of funding the transitional authorities so that they could cover the most important and urgent expenditures, including civil servants' salaries. On 14 May, the International Monetary Fund approved nearly US$13 million in financial assistance under the Rapid Credit Facility to support emergency recovery programmes. In September, the African Development Bank provided the Central African Republic with US$22 million in budgetary support.[33]

## Persistent needs (2015 and beyond)

96. In 2015, the country cautiously envisioned a recovery phase even as affected populations required assistance for the foreseeable future. More than 2.7 million people were still living in dire humanitarian conditions, 400,000 people remained displaced in the country and new displacements were reported in central and western regions. The security situation in Bangui and other key towns gradually improved, although the situation across the country remained volatile owing to clashes between armed groups, criminal activities and violence relating to the seasonal migration of Fulani (Peuhl) cattle herders. All parties to the conflict continued to commit human rights violations, while civilians continued to be affected during intercommunal clashes.[34] Civilians in the western and central parts of the country faced security threats, and enclaves of vulnerable populations, nearly all Muslim, remained insecure around the country. Nonetheless, protection assistance from MINUSCA, humanitarian actors and the French Sangaris force, which had been deployed in the Central African Republic since December 2013, deterred and restricted some activities of armed groups. The expected stabilization was supposed to pave the way for the transitional government to strengthen its institutions, restore basic services and organize elections before the end of 2015.[35]

97. The Bangui Forum on National Reconciliation was held from 4 to 11 May. More than 600 representatives from the country's 16 prefectures and from different communities, religious backgrounds, and ethnicities, including the diaspora and refugee populations and 120 women, participated in the historic event. The participants discussed four themes in plenary debates and working groups: peace and security; governance; justice and reconciliation; and economic and social development. The inclusive nature of the forum marked a significant departure from past dialogue and reconciliation efforts by expanding discussions on the future of the country beyond Bangui-based political elites.[36]

[32] UN Security Council (2014d).

[33] Ibid.

[34] Ibid.

[35] IAHE Steering Group (2015), 'Inter-Agency Humanitarian Evaluation (IAHE) of the Response to the crisis in the Central African Republic, Terms of Reference', 15 June 2015.

[36] UN Security Council (2014d).

98. In planning ahead for 2015, the HCT expected the protection crisis to continue and the economic and social situation to remain fragile. Considering that authorities do not yet have the capacity to meet all the needs of affected populations, they will continue to count on international humanitarian aid. The population's means of subsistence are also in danger due to a lost farming season and reserves being plundered by armed groups.[37]

99. The protection of civilians in response to serious threats of physical violence remained the highest priority task for MINUSCA, which continued to work closely with UNHCR, UNICEF and OCHA to identify and address protection issues.[38] At the same time, peacekeeping forces also faced high-profile allegations of misconduct and sexual abuse.[39]

100. During the evaluation data collection phase, in mid-2015, serious allegations of sexual abuse and exploitation of a significant number of women and girls by international peacekeepers started to emerge. Most of these allegations relate to United Nations peacekeepers and French Sangaris forces present in the Central African Republic between 2013 and 2015. The United Nations has investigated these allegations and also commissioned an independent review[40] to address these abuses and prevent future ones. As a follow-up to the independent review recommendations, United Nations organizations have instituted new systems to improve internal oversight and response to reports of abuse. While bearing in mind these contextual issues during in-country data collection, the evaluation did not reflect these issues in the evaluation as it was beyond its scope.

## 1.3 RESPONSE AND PLAN

101. As a complex emergency gripped the Central African Republic in 2013, the international community assisted the country through development and humanitarian interventions. Even before the current crisis, the Government and the United Nations Country Team had prepared a development assistance framework (UNDAF) for 2012–2016, taking an integrated approach to peacebuilding and development. It proposed three overarching outcomes: 1) Peacekeeping, good governance and rule of law; 2) Sustainable and fair development and regional equity; and 3) Investment in human capital, including the fight against HIV/AIDS.[41] Since the onset of the crisis, the United Nations has continued developing annual humanitarian programmes. For 2013, the Humanitarian Country Team's Consolidated Appeals Process (CAP) requested US$129.3 million to support 102 projects that aimed to provide life-saving assistance for people affected by emergencies and to stabilize livelihoods through integrated recovery activities.

102. In October 2013, the emergency directors of eight IASC organizations visited the Central African Republic to identify ways to expand the scale and reach of humanitarian delivery and ensure Headquarters support to the HCT.[42] The IASC directors were appalled by the gravity of humanitarian needs, the scale of insecurity, the absence of public services and the visible signs of a decades-long marginalization by the international community. Noting the onset of profound crisis and signs of "pre-genocidal dynamics," the directors called for urgent international attention through political action, development, peacekeeping and scaled-up humanitarian assistance. They called for a 'step-change' in the delivery of assistance and significantly strengthened leadership.

[37] HCT (2014), '2015 Plan de Réponse humanitaire', December 2014.

[38] UN Security Council (2014d).

[39] UNSG spokesman Stéphane Dujarric reported 57 allegations of possible misconduct in the Central African Republic since the beginning of the mission in April 2014, including 11 cases of "possible sexual abuse," (daily press briefing, 12 August 2015), www.un.org/press/en/2015/db150812.doc.htm>.

[40] Deschamps, M., H. Jallow and Y. Sooka (2015). 'Taking Action on Sexual Exploitation and Abuse by Peacekeepers', Report of an Independent Review on Sexual Exploitation and Abuse by International Peacekeeping Forces in the Central African Republic, December 2015.

[41] United Nations (n.d). 'Plan Cadre des Nations Unies pour l'aide au développement de la République centrafricaine' (UNDAF+ 2012–2016).

[42] IASC (2013). 'Emergency Directors: Mission to the Central African Republic: Summary Report', 17–19 October 2013.

## L3 declaration

103. As the crisis engulfed Bangui, based on a recommendation by the IASC, the Emergency Relief Coordinator declared a system-wide L3 emergency for the country on 11 December 2013.[43] Accordingly, the Emergency Relief Coordinator decided to deploy a new Senior Humanitarian Coordinator (SHC), allocate an additional US$40 million in Central Emergency Response Fund (CERF) funding, apply the Accountability to Affected Populations (AAP) framework, and engage the Human Rights Up Front agenda.[44]

104. Soon after the L3 emergency was declared, United Nations-led humanitarian activities in the country faced sharp criticism from INGOs. On 12 December 2013, Médecins Sans Frontières (MSF) expressed deep concern about the "unacceptable performance of the United Nations humanitarian system in the Central African Republic over the last year." The letter criticized the United Nations system for evacuating its staff during much of 2012 on "vague security concerns," putting United Nations staff on lockdown during critical moments in 2013 (e.g., the Bossangoa camps were abandoned for days by the United Nations while MSF remained active), failing to react to the mounting crisis with concrete action in the main hotspots, and undertaking too many assessments and time-consuming planning exercises that left the population without foreseeable assistance. It recalled the urgent need "to scale up the humanitarian intervention without delay, in order to alleviate the suffering of the local population, and insisting on redeployment beyond Bangui."[45]

105. Within a week of the L3 declaration, the UNCT began implementing a humanitarian action plan. The 100 Day Plan for Priority Humanitarian Action in the Central African Republic (issued 23 December 2013) introduced strategic objectives linked to the 2014 Strategic Response Plan (SRP, previously the CAP, published on 19 January 2014) and sought to rapidly scale up the humanitarian response to halt the deterioration of the situation. It requested US$152.2 million and identified 2.2 million people in need of humanitarian assistance, including 639,000 IDPs.[46] Its objectives were to: (i) Provide integrated life-saving assistance to people in need, particularly IDPs and their host communities; (ii) Reinforce the protection of civilians (including their human rights), in particular as it relates to women and children; and (iii) Rebuild affected communities' resilience to withstand shocks and address inter-religious and intercommunity conflicts.

## Strategic Response Plan 2014

106. By January 2014, the HCT produced a revised SRP for the year ahead, targeting 1.8 million people (40 per cent of the population of the Central African Republic) out of an estimated 2.5 million in need of humanitarian aid. Key categories of people in need included 922,000 IDPs, 20,336 refugees and 1.6 million non-displaced.[47] Its overarching purpose was to "Alleviate and prevent suffering of conflict-affected people in the Central African Republic in 2014," and its strategic objectives were to: (i) Provide life-saving humanitarian, multi-sectoral packages to IDPs and host communities, migrants and returning persons; (ii) Protect conflict-affected people from harm, specifically vulnerable groups (e.g., unaccompanied minors, women, single-headed households, irregular migrants, unaccompanied children and the elderly); (iii) Provide access to

[43] By designating a crisis a 'Level 3' (L3) emergency, the UN's Emergency Relief Coordinator aimed to mobilize the resources, leadership and capacity of the humanitarian system to respond to exceptional circumstances. The decision to designate an L3 emergency is based on five criteria: the scale, urgency and complexity of the needs, as well as the lack of domestic capacity to respond and the "reputational risk" for OCHA. In 2013, there were three L3 designations, for conflicts in the Syrian Arab Republic and the Central African Republic, and for Typhoon Haiyan in the Philippines. In 2015, a L3 was declared for Iraq, the Syrian Arab Republic, the Central African Republic, South Sudan, and the Republic of Yemen.

[44] The Human Rights Up Front (HRuF) initiative, launched by the United Nations Secretary-General in late 2013, seeks to ensure that the United Nations system takes early and effective action to prevent or respond to large-scale violations of human rights or international humanitarian law and that human rights and the protection of civilians are seen as a system-wide core responsibility. See United Nations website, <www.un.org/sg/rightsupfront/>.

[45] Médecins Sans Frontières (2013). Open Letter to the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator on Central African Republic, 12 December 2013, <www.doctorswithoutborders.org/news-stories/speechopen-letter/open-letter-un-under-secretary-general-humanitarian-affairs-and>.

[46] United Nations (2013a).

[47] HCT (2014a). '2014 Strategic Response Plan: Central African Republic' (revised), January 2014.

basic services for returnees and other affected people; and (iv) Restore the resilience of affected communities. For this purpose, the HCT requested US$551.3 million, with the largest amounts targeting food security, protection, early recovery and health. This was four times larger than the previous year's consolidated appeal, and it did not include the significant humanitarian funding of US$110.8 million that came from outside the SRP, mainly ICRC/IFRC, MSF and bilateral channels/INGOs.

107. In late 2014, INGOs called for improvements in the international response and an end to "half measures". "As long as half measures remain the status quo, the people of [the] C[entral] A[frican] R[epublic] will continue living under the shadow of violence and displacement," they said in a statement. "Changes must now be made by humanitarians, peacekeepers and the international community to ensure that all communities receive humanitarian assistance, security conditions improve to facilitate access and the safe delivery of aid by humanitarian agencies (…) Humanitarians should take steps to revise response priorities and identify ways to provide more effective and accountable assistance."[48] A MSF representative urged the aid system to commit to the Central African Republic for the longer term in order to establish appropriate expertise and presence and respond to the enormous needs of the population.[49]

108. In 2014, overall funding for the response was relatively high, with 68 per cent of the SRP requirements covered. Revised requirements were US$555 million, and funding was US$412 million, leaving US$143 million unmet. This made the Central African Republic the third best-covered crisis among 31 Strategic Response Plans in 2014, ranking after Ukraine (96 per cent) and South Sudan (79 per cent) but above most of its neighbours, such as Cameroon (61 per cent), Chad (36 per cent), Congo (42 per cent), the Democratic Republic of the Congo (45 per cent) and Sudan (56 per cent). Its funding was higher than the overall average (58 per cent) and above Afghanistan (67 per cent) and Iraq (71 per cent).[50] In 2014, the Central African Republic was no longer featured in ECHO's forgotten crisis listings,[51] although it remained atop ECHO's Global Vulnerability and Crisis Assessment Final Index.[52]

109. However, a review of SRP and Financial Tracking Service (FTS) data reveals significant coverage gaps. First, SRP data show large gaps between people in need and people targeted, leaving out 700,000[53] people altogether, as well as 2.6 million in need of health assistance, 1.7 million in need of WASH, and 600,000 each in need of protection and early recovery. Second, FTS data show that some sectors were significantly underfunded, including early recovery, which received only 5 per cent of needed funds, multi-sector/refugees (3 per cent), Camp Coordination and Camp Management (CCCM) (3 per cent), shelter/non-food items (24 per cent), education (27 per cent), protection (47 per cent), WASH (64 per cent), health (72 per cent) and food security (58 per cent). Third, some sectors suffer both under-targeting and underfunding, most notably early recovery, where 600,000 people in need were not targeted and only 5 per cent of funding requirements were covered in any case.

## Humanitarian Response Plan 2015

110. In 2015, humanitarian assistance targeted 2 million people, a slight increase on the previous year. The response was concentrated on emergency relief, protection, and reinforcement of resilience. Its strategic objectives were to: (i) Immediately improve the living conditions of newly displaced

[48] Norwegian Refugee Council and others (2014).

[49] Picco, E. (2014). 'Central African Republic: Fragile state, fragile response,' Humanitarian Affairs Adviser for Médecins Sans Frontières, ***Humanitarian Exchange***, No. 62, September 2014.

[50] Financial Tracking Service, 'Strategic Response Plan(s): 2014 Summary of requirements and funding as at 22-February-2015', <http://fts.unocha.org (Table ref: R21); http://fts.unocha.org/reports/daily/ocha_R21_Y2014_asof___22_February_2015_(03_01).pdf>.

[51] ECHO (2015), 'Forgotten Crisis Assessment 2014', http://ec.europa.eu/echo/files/policies/strategy/fca_2014_2015.pdf>.

[52] ECHO (2014) , 'Global Vulnerability and Crisis Assessment Final Index Rank', <http://ec.europa.eu/echo/files/policies/strategy/gna_2013_2014.pdf>.

[53] Difference between people in need and people targeted takes into account response outside the HRP (e.g., government, NGOs, local communities, development partners, etc.). People in need are therefore higher than people targeted in any HRP.

**Table 3: SRP 2014 in numbers**

| | People in need | People targeted | People not targeted | Budget requested* US dollars | Funding** US dollars | Unmet** US dollars | Percentage covered** |
|---|---|---|---|---|---|---|---|
| **Total** | 2.50m | 1.80m | 0.70m | 551.3 | 375.3 | 176 | 68% |
| **Food security** | 1.60m | 1.25m | 0.35m | 180.0 | 104.4 | 76 | 58% |
| **Protection** | 2.60m | 2.00m | 0.60m | 74.0 | 34.7 | 39 | 47% |
| **Early recovery** | 3.00m | 2.40m | 0.60m | 60.0 | 3.2 | 57 | 5% |
| **Health** | 3.40m | 0.80m | 2.60m | 56.4 | 40.4 | 16 | 72% |
| **Education** | 0.80m | 0.68m | 0.12m | 33.0 | 8.8 | 24 | 27% |
| **Shelter/NFI** | 0.70m | 0.70m | | 31.7 | 7.5 | 24 | 24% |
| **WASH** | 2.60m | 0.90m | 1.70m | 27.5 | 17.5 | 10 | 64% |
| **Nutrition** | 0.60m | 0.36m | 0.24m | 22.0 | 19.1 | 3 | 87% |
| **CCCM** | 0.50m | 0.50m | | .. | 0.3 | 9 | 3% |
| **Multi-sector/ refugees** | 0.02m | 0.02m | | 19.3 | 0.5 | 19 | 3% |
| **Coordination** | NA | NA | | 15.5 | 16.7 | 0 | 100% |
| **Logistics** | NA | NA | | 10.0 | 7.5 | 3 | 75% |
| **ETC** | NA | | | 1.9 | | 2 | 0% |
| **Emergency telecoms** | | | | | 1.4 | 0.4 | 76% |

Sources: *'2014 Strategic Response Plan Central African Republic' (OCHA on behalf of Humanitarian Country Team, revised, 19 January 2014); **'Strategic Response Plan(s): Central African Republic 2014, Table D: Requirements, funding and outstanding pledges per Cluster Report as of 11-July-2015' (Appeal launched on 16-December-2013), <http://fts.unocha.org> (Table ref: R32sum).

individuals, ensuring their protection and providing them with basic goods and social services; (ii) Reinforce the protection of civilians, including their basic rights, in particular those of women and children; (iii) Increase access to basic services and means of subsistence for vulnerable men and women; and (iv) Facilitate sustainable solutions for displaced individuals and refugees, particularly in the areas of return and reintegration. To achieve this, the HCT requested US$612.9 million,[54] a further increase from 2014, even as total humanitarian funding outside of SRP shrank to US$56.7 million.

111. Some voices called for stepped-up efforts at stabilization. One INGO said the international community could not afford to wait for ideal conditions to lay the groundwork for the Central African Republic's future. "It must take an approach that allows for security and good governance to take root while significantly increasing investment to meet humanitarian needs," said the International Rescue Committee (IRC), urging the international community to seize the opportunity presented by the Bangui Forum. Despite the deactivation of the Level 3 emergency status in May 2015, humanitarian assistance is still desperately needed and nearly 900,000 people remain displaced. "Every effort must be made to extend life-saving assistance and basic services to conflict-affected Central Africans, including to those in areas far outside Bangui. Donor governments should not turn away from humanitarian needs prematurely and should fully fund humanitarian appeals."[55]

[54] HCT (2014a).

[55] International Rescue Committee (2015). *Too Soon to Turn Away: Security, governance and humanitarian need in the Central African Republic*, July 2015.

112. Emergency assistance remains a necessity for the foreseeable future, but some researchers urge humanitarian actors to reflect now on their impact. More than a year after the start of the international intervention in the Central African Republic, the time for feedback seems to have come, especially as many international players are considering their role in long-term, post-conflict reconstruction. From this perspective, several adverse effects can already be identified: inflationary pressures generated by the international presence, the sustainability of employment linked to the humanitarian response, and the lack of strategic reflection linked to a quest for results.[56]

113. Lower funding in 2015 revealed gaps in coverage, with only 30 per cent of total funding requirements covered by midyear. The best-funded sectors were coordination (42 per cent), education (38 per cent), and logistics (37 per cent), suggesting a donor preference for strengthening capacity and coordination. Several sectors were severely underfunded, including shelter/non-food items (4 per cent), interventions/refugees (6 per cent), nutrition (12 per cent) or

**Table 4: HRP 2015 in numbers**

| | People in need | People targeted | People not targeted | Budget required* US dollars | Resources available** US dollars | Unmet** US dollars | Percentage covered** |
|---|---|---|---|---|---|---|---|
| **Total** | 2.70m | 2.00m | 0.70m | 613 | 184 | 429 | 30% |
| **Food security** | 1.52m | 1.20m | 0.32m | 195 | 53 | 142 | 27% |
| **Protection** | 2.70m | 2.00m | 0.70m | 74 | 17 | 56 | 24% |
| **Means of subsistence and community stabilization** | 1.40m | 1.00m | 0.40m | 80 | | | |
| **Health** | 2.00m | 1.47m | 0.53m | 63 | 21 | 42 | 33% |
| **Education** | 1.40m | 0.50m | 0.90m | 30 | 11 | 19 | 38% |
| **Shelter/NFI** | 0.70m | 0.60m | 0.10m | 39 | 2 | 38 | 4% |
| **WASH** | 2.30m | 1.40m | 0.90m | 44 | 8 | 36 | 17% |
| **Nutrition** | 0.19m | 0.11 | 0.08m | 33 | 4 | 29 | 12% |
| **CCCM** | - | 0.17 | | 13 | 2 | 11 | 16% |
| **Interventions /refugees** | 0.008 | 0.008 | | 11 | 2 | 11 | 6% |
| **Coordination** | NA | NA | | 10 | 4 | 6 | 42% |
| **Logistics** | NA | NA | | 19 | 7 | 12 | 37% |
| **ETC** | NA | NA | | 3 | | | |
| **Emergency telecoms** | | | | | | | |
| **Early recovery/ livelihoods and community resilience** | | | | | 5 | 75 | 7% |

Sources: *'2015 Humanitarian Response Plan Central African Republic' (Humanitarian Country Team, December 2014); ** 'Strategic Response Plan(s): Central African Republic 2015, Table D: Requirements, funding and outstanding pledges per Cluster Report as of 11-July-2015' (Appeal launched on 05-December-2014), < http://fts.unocha.org> (Table ref: R32sum).

[56] Institut français des relations internationales (2015), 'Penser et anticiper les impacts socio-économiques de l'intervention humanitaire en République centrafricaine', Vircoulon, Thierry and Charlotte Arnaud, June 2015.

less than a quarter funded, CCCM (16 per cent), WASH (17 per cent) and protection (24 per cent). Coverage gaps were also evident, with 700,000 overall in need but not targeted with any assistance, as well as 900,000 not targeted each in WASH and education, and 700,000 in protection.

**Figure 2: Timeline of the Central African Republic's crisis and international response**

| IN CENTRAL AFRICAN REPUBLIC | | INTERNATIONAL ACTORS |
|---|---|---|
| • Nov: New Séléka rebel coalition rapidly overruns north and centre of country<br>• By 2013, Central African Republic's formal economy is destroyed without serious investors | PRIOR | • UNCT prepares a development assistance framework (UNDAF, 2012-2016)<br>• Barely existent services are subcontracted to donors and NGO operators |
| • Mar: Séléka rebels overrun the capital and seize power; Bozizé flees. Rebel leader Michel Djotodia suspends constitution and dissolves parliament in a coup condemned internationally<br>• Aug: Djotodia sworn in as president. Clashes begin between anti-balaka and Séléka resulting in displacement of more than 20 per cent of pop; Djotodia government drafts a plan for emergency response<br>• Sep: Djotodia dissolves Séléka coalition and is criticised for failing to control the fighters<br>• Oct: Djotodia emergency and recovery plan presented as an operational road map<br>• Dec: Djotodia ousted; violence escalates when anti-balaka militia attacks Bangui and Bossangoa | 2013 | *UNSC warns that Central African Republic poses a risk to regional stability: says further tension "might lead to uncontrollable sectarian violence with untold consequences for the country, the sub-region and beyond."*<br>• Oct: emergency directors of eight IASC organizations visit Central African Republic; HCT identifies priority needs in **Humanitarian Needs Overview**; UNSC approves deployment of peacekeeping force to airport<br>• Nov/Dec: France warns Central African Republic is "on the verge of genocide"; steps up deployment to disarm militias<br>• HCT's **Consolidated Appeals Process (CAP)** requests US$129.3 million<br>• 5 Dec: UNSC Res. 2127 authorizes the establishment of MISCA; US. Ambassador to UN, Samantha Power, visits Central African Republic<br>• 9 Dec: French "Operation Sangaris" and Emergency Relief Coordinator allocates US$10 million from CERF<br>• **11 Dec: IASC declares a system-wide L3 emergency**<br>• 12 Dec: MSF expresses deep concern: 'unacceptable performance of the UN humanitarian system'<br>• 14 Dec: Strategic Response Plan published (US$247 million)<br>• 15 Dec: SHC appointed to lead the response<br>• 24 Dec: OCHA documents **100 Day Plan** (US$152.2 million) and SHC arrives in country |
| • 10 Jan: Interim president Djotodia resigns<br>• 24 Jan: Gov. of transition starts, led by President Catherine Samba-Panza<br>• May: min. 349,452 fled to neighbouring countries<br>• 26 Jun: Central African Republic ranked 3rd lowest in UNDP's Human Development Index<br>• Jul: Séléka and anti-balaka forces agree to tentative ceasefire at talks in Brazzaville<br>• *17 Jun: UNICEF reports: Central African Republic is experiencing a 'chronic and silent structural emergency,' reflected in a very high level of poverty, one of the lowest life expectancy, under-five mortality, maternal mortality and a high death rate from infectious diseases* | 2014 | • Jan: HCT revises SRP, an estimated 2.5 million people in need<br>• 10 Jan: MIRA report published<br>• 15 Jan: Senior HC allocates US$5 million from CHF<br>• 20 Jan: SRP launched in Brussels<br>• Feb/Mar: UN OPR conducted<br>• Apr: UNSC authorizes peacekeeping force of 12,000<br>• May - Sep: UNDP, WB, ADB and EU support payment of civil servant salaries (and budgetary support)<br>• 15 Sep: Transfer of authority (AU to UN) from MISCA to MINUSCA<br>• 26 Sep: INGOs call for improvements to international response |
| • Jan: Central African Republic Gov. rejects a ceasefire deal made in Kenya<br>• Feb: UN reports surging violence in Central African Republic forcing flight to escape killings, rape and pillaging by militia<br>• 4-11 May: **Bangui Forum on National Reconciliation**<br>• Jun: Gov. schedules constitutional referendum and national elections (Oct 2015)<br>• Sep: Muslim taxi-driver attack leads to clashes | 2015 | • 15 Jun-Nov: Inter-Agency Humanitarian Evaluation<br>• HRP 2015 Issued |

## 1.4 METHODOLOGY

114. This IAHE was conducted from June to November 2015 in three phases: inception (June–July); data collection and analysis (July–September) and reporting (September–November). Key aspects of the methodology included: user engagement, framework development, stakeholder consultation, mixed method data collection, listening to the affected population and triangulation at three levels. For a full account, see Methodology, Annex III.

### User engagement

115. This evaluation is aimed primarily at the HC and the HCT, who are expected to use the results to ensure accountability and learning for the ongoing response; and the IASC Principals, Working Group and Emergency Directors Group, who are expected to use IAHE results and lessons learned to contribute to global policy and practice. Recognizing that a range of actors had diverse interests in the evaluation, we conducted an analysis of evaluation stakeholders and presented these according to a standard 'power-interest' stakeholder matrix to guide engagement (see Methodology, Annex III). Throughout the evaluation, we worked with the IAHE management group to engage key stakeholders.

### Framework development

116. One challenge for this evaluation was establishing a suitable framework. Using the IAHE core evaluation questions (see the box below) raised important conceptual issues, as they were not explicitly or systematically linked to a logic model (such as the IAHE Impact Pathway), ALNAP criteria, or larger humanitarian principles. In conducting the evaluation, we used the core questions to construct a 'working framework' (see Table 5) that would guide data collection and analysis. The evaluation would have benefited greatly from a strategic monitoring, evaluation and learning framework and a corresponding system for data collection and analysis.

#### Core IAHE questions

1. To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the Strategic Response Plan achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster?
2. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?
3. Was the assistance well coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?
4. To what extent were IASC core humanitarian programming principles and guidance applied?

Source: 'IAHE Guidelines 2014'.

**Table 5: Working framework**

| Criteria | Indicators | Topics |
|---|---|---|
| **1. Effectiveness** | 1.1 Results | • Strategic objectives<br>• Protection |
| | 1.2 Outcomes | |
| | 1.3 Factors | |
| **2. Coordination** | 2.1 Programming principles | • Coordination (L3, mechanisms, gaps)<br>• Leadership<br>• Accountability |
| | 2.2 Guidance | • HPC<br>• Preparedness<br>• Needs assessment<br>• Planning |
| | 2.3 Monitoring | • Systems (systems, tools, evaluation) |
| **3. Accountability** | 3.1 Humanitarian principles | • Humanity (coverage, secure access)<br>• Impartiality (relevant to needs, specific needs)<br>• Neutrality<br>• Independence |
| | 3.2 Affected population | • AAP<br>• Appropriate to priorities |
| | 3.3 National development | • National and local authorities<br>• Recovery and development<br>• Resilience<br>• Conflict sensitivity |

## Stakeholder consultation

117. A key strength of this evaluation was a highly structured approach to stakeholder consultation. We use the term 'stakeholder' to designate anyone who has a stake (or should have) in the international humanitarian response in the Central African Republic. Using this approach, we conducted a stakeholder analysis exercise (see Table 6), constructed three stakeholder groups, devised purposive sampling strategies for each, collected data from stakeholders, triangulated evidence from each group, and triangulated findings across all groups. In practice, we consulted 134 selected stakeholders,[57] in line with the number and range of stakeholders expected by the sampling strategy.

[57] This number reflects 'stakeholders' consulted (including 13 global, 51 operational and 70 from the affected population, see Table 14 and stakeholder names in Annex III).

118. On the basis of a stakeholder mapping exercise, we constructed three primary stakeholder groups: global stakeholders with a shared governance role; operational stakeholders with responsibility for implementing the response; and the affected population who are most affected by the crisis and response (see Table 6). To ensure we consulted the right people within each group, we developed sampling[58] strategies for each (see Table 7), providing a definition of the entire population, selection criteria for the sample frame, approaches to stratification and inclusion, and a proposed sample size. These criteria-based purposive samples make no claim to randomized or probability sampling.[59]

**Table 6: Key stakeholders in the Central African Republic's inter-agency response**

| | Who are they? | What stake/s in response? |
|---|---|---|
| **Global stakeholders** | • IASC membership<br>• Major donors<br>• Peace and security actors<br>• Human rights actors<br>• Development actors<br>• Regional and transnational bodies | • International responsibility<br>• Shared governance<br>• Financial and political investment<br>• Strategy and knowledge management |
| **Operational stakeholders** | • HCT membership<br>• UN organizations<br>• INGOs<br>• NNGOs<br>• Red Cross and MSF*<br>• State actors<br>• Operational donors | • Participants in SRP<br>• Programme implementation<br>• Response coordination<br>• Quality and accountability<br>• Advocacy and partnership |
| **Affected population** | • Population/s affected by emergency<br>• Beneficiaries in SRP<br>• Representatives, government and civil society | • Intended benefits (reduced mortality/morbidity, dignity, protection, resilience)<br>• Unintended consequences |

*Non-participants in SRP

[58] Sampling indicates the manner in which the informants and respondents were selected within each stakeholder group. The term applies to both quantitative and qualitative data collection efforts. The aim of sampling is to select a limited set of informants (i.e. consulting the full set is never possible) in a manner that assures an appropriate level of representativeness among their combined, compared and contrasted voices.

[59] See Better Evaluation, 'Sample,' accessed 25 June 2015 from:< http://betterevaluation.org/plan/describe/sample>.

**Table 7: Stakeholder consultation plan, purposive sampling strategies**

| Stakeholder group | Entire population | Selection criteria (main category sought) | Stratification (level of disaggregation) | Inclusion strategy | Expected number to be consulted |
|---|---|---|---|---|---|
| **Global stakeholders** | Population mapped, with OCHA NY | Active involvement | By type (i.e., who they are)<br>By stake (i.e., what stake) | None, based on function only | *n* = 15-20 |
| **Operational stakeholders** | Population mapped, with OCHA CAR<br>OCHA counts 105 actors in the cluster system. SRP 2014 reports 76 actors<br>Additional non-SRP actors to consider: large faith-based actors, and stabilization actors | Size of response<br>Strategic level | By sector<br>By geography | None, based on function only | *n* = 45-60 [15-20x UN, 15-20x INGO, 15-20x national actors] |
| **Affected population** | Defined populations and geographies targeted in SRP 2014 and HRP 2015 | Populations most affected and targeted with large/ most assistance | IDP sites and mixed/host communities<br>Christians and Muslims<br>Geographic (representing multiple regions in CAR, Bangui and outside) | Include the following:<br>women and men;<br>children and older people;<br>people with disabilities;<br>most vulnerable and most resilient. | 3-5 case studies (communities)<br>1 x community at risk,<br>1-2 x large IDP sites,<br>1-2 x mixed populations (IDPs, hosts, returnees)<br>*n* = 5-7 in-depth interviews per case study; as well as conversations with 9-12 other individuals; general observations; verbatim quotes and vox pop[60] insights |

[60] Vox pop is short for vox populi, used in broadcasting to indicate an interview with members of the general public. Here it is used to reflect the affected populations from those case studies.

**Table 8: Stakeholders consulted**

| Group | Total | Stratification |
|---|---|---|
| **Global stakeholders** | Global stakeholders: 13 | • 5 IASC<br>• 5 UN<br>• 2 INGO<br>• 2 human rights<br>• 2 peace and security<br>• 2 major donors<br>• 1 IGO |
| **Operational stakeholders** | Operational stakeholders: 51<br>• UN/IGO actors: 20<br>• INGO actors: 20<br>• National actors: 11 | • 2 HCs<br>• 6 UN reps/3 AIs<br>• 3 cluster coordinators<br>• 4 OCHA<br>• 17 INGO heads<br>• 9 largest NNGOs<br>• 2 government actors |
| **Affected population** | Affected population: 70<br>• National leaders: 12<br>• Bambari: 12<br>• Batangafo: 11<br>• Kouango: 11<br>• Boda: 15<br>• PK5: 9 | • National and community levels<br>• Political, religious and civil society representatives<br>• Three large IDP camps<br>• Two enclaves (communities at risk)<br>• Two mixed populations |

## Data collection

119. The evaluation used a mixed methods approach to data collection. To collect and analyse data, we used the following five methods: document review; data analysis; in-depth interviews; a polling exercise and case studies .

120. In the document review, we assessed all 208 documents collected, categorized them using the reference management tool Zotero (see Bibliography), prepared a sample of 22 core documents, and reviewed them in detail to contribute to synthesis analysis. In addition, we conducted data analysis compiled on the inter-agency response. In the in-depth interviews, we conducted semi-structured conversations with global stakeholders, operational stakeholders and leaders of the affected population. Nearly all of those same in-depth interviews also used a polling exercise, in which we asked a dozen or so 'polling' questions to collect quantitative ratings on specific matters:[61] results and process (see Annex 5). In order to collect the views of affected populations we conducted five case studies of different communities, including communities at risk (see Annex/reports available).

## Listening to people affected

121. The evaluation made systematic efforts to listen to the affected population and intended beneficiaries. At the national level, we identified and consulted national leaders, including political leaders, civil society leaders, private sector leaders, armed group leaders and well-

[61] The 22 polling questions aimed to capture automatic, unthinking perceptions of respondents and not official organizational positions. They asked for level of agreement on 11 results (from 1, strong disagreement, to 10, strong agreement) and perceived importance of 11 process elements (from 1, not important, to 10, most important) in the success of the response.

informed individuals. In practice, this was a very small sample of leaders in a country where political power is contested and integrity questioned. National leaders were very interested in commenting on the humanitarian response. It was notable how willing some of them were to contribute to the study, perhaps highlighting the absence of national voices in overseeing the humanitarian response.

122. Case studies: At the community level, we consulted five affected communities including Christian IDP populations, Muslim communities at risk, and mixed communities of returnees and/or host families. We selected large IDP camps: Batangafo, Bambari and M'Poko; communities at risk or Muslim enclaves: Boda and PK5; and mixed communities: Bambari and Kouango. In each community, we collected 9–12 in-depth interviews and personal stories from key informants selected through word-of-mouth ensuring appropriate balance of age, gender, vulnerability and other factors. For example, in Kouango, the number of different categories of affected people was determined and at least one or two informants were found and interviewed for each category. Following an agreed protocol inspired by an 'anthropological' listening approach,[62] we produced five-page summary reports, consisting mainly of personal testimonies, to address the key questions of results and connectedness. Analysis of the affected population brought together findings from national leaders, from the five communities studied, and from a larger study into the perceptions of 689 people in and around Bangui, Sibut, Dekoa, Carnot and Berberati.[63]

## Analytical strategy

123. Quantitative: For the polling exercise, 69 respondents provided answers (for the United Nations: 19; INGOs: 20; national actors: 14; AP leaders: 9; global stakeholders: 7). When these numbers are higher than the actual sample of entities (e.g., for national actors), this indicates that multiple respondents from one entity requested to provide their quantitative opinions. The polling questions were recoded into three categories (e.g., clear agreement, mitigated and disagreement) and their frequencies and means across the set of 22 questions or across five stakeholder groups were analysed in MS Excel. For data analysis, we conducted analysis of monitoring data and financial data. Using OCHA's Humanitarian Dashboard documents, we consolidated results by sector area into a consolidated database and categorized indicators into those performing at less than 33 per cent, between 33 and 66 per cent, and more than 66 per cent, and conducted a basic frequency analysis to see changes in performance within each sector over time. The financial analysis compared data from the SRP appeal[64] and FTS reporting of funding received.[65] This allowed a comparison between funds requested and funds received.

124. Qualitative: The evaluation used a 'triple-triangulation' analytical strategy: (i) triangulation of evidence collected from each stakeholder group to reach detailed findings; (ii) triangulation of evidence across stakeholder groups and methods (quantitative and qualitative) to reach synthesis findings; and (iii) triangulation of analysis by team members to reach assessments. An analytical strategy was developed for addressing each question using an evaluation matrix at the inception phase. This structured approach allowed us to reach findings that are supported by a transparent chain of evidence, and to limit the scale of inquiry to what was most important.

[62] See Anderson, M.B., et al.(2012). 'Time to Listen: Hearing People on the Receiving End of International Aid' (CDA Collaborative Learning Projects Cambridge, Massachusetts, November 2012), <http://cdacollaborative.org/media/60478/Time-to-Listen-Book.pdf>.

[63] Norwegian Refugee Council (2015). 'When Perceptions Matter: Humanitarian access in the Central African Republic,' Study led by Dr. Jean S. Renouf, March 2015.

[64] HCT (2014a).

[65] 'Strategic Response Plan(s): Central African Republic 2014, Table D: Requirements, funding and outstanding pledges per Cluster Report as of 11-July-2015' (Appeal launched on 16-December-2013), <http://fts.unocha.org> (Table ref: R32sum).

## Reporting

125. Below is a summary of our approach to synthesis, analysis and reporting:

- Collation: Collate detailed findings by sub-question from each method
- Deliberation: Analysts meet to deliberate on overall findings
- Analysis: Analyse using triangulation
- Drafting: Report synthesis findings in draft report for each core question
- Zero draft: Submit zero draft
- Conclusions: Prepare conclusions drawing out the main overall themes
- Recommendations: Propose recommendations for development/dialogue with stakeholders
- First draft: Submit first draft
- Validation: Share draft report for validation
- Feedback: Address feedback and prepare a feedback matrix
- Production: Produce final report: annexes, methodology, proofread
- Quality: Quality control substantive review and edit
- Final report: Submit finalized report
- IAHE feedback: Submit feedback report on IAHE Guidelines

## Limitations and potential bias of the selected methods

126. Limitations in the methods described above include: evaluation time to invest in-country and up-country, the high turnover of humanitarian actors, making it hard to consult key agents in the Central African Republic at important moments in the study, and the period of data collection (often in the midst of response). While purposive and stratified sampling of respondents and informants does not pretend statistical significance, it has permitted cursory representativeness (i.e., via wide diversity) of the perceptions captured through both qualitative and quantitative means. It proved more challenging than expected to obtain interviews with some stakeholder groups. For example, only 14 global stakeholders could be reached instead of the desired 15–20. Rigorous and structured triangulation at three levels has greatly limited potential bias.

Photo credit: Gemma Cortes, OCHA

# 2. RESPONSE PLAN STRATEGIC OBJECTIVES



### IAHE Guidelines Question 1:

➔ To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the Strategic Response Plan achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster?

**Table 9: Strategic objectives for the Central African Republic 2014–2015**

| | |
|---|---|
| **Overarching purpose 2014** | Alleviate and prevent suffering of conflict-affected people in the Central African Republic in 2014 |
| **Strategic objectives 2014** | 1. Provide life-saving humanitarian, multi-sectoral packages to internally displaced persons (IDPs) and host communities, migrants and returning persons<br>2. Conflict-affected people are protected from harm, specifically vulnerable groups (e.g., unaccompanied minors, women, single-headed households, migrants, unaccompanied children and the elderly)<br>3. Returnees and other affected people access basic services<br>4. Affected communities' resilience. Affected communities' resilience is restored |
| **Overarching purpose 2015** | (None listed) |
| **Strategic objectives 2015** | 1. To immediately improve the living conditions of newly displaced individuals, ensuring their protection and providing them with basic goods and social services<br>2. To reinforce the protection of civilians, including their basic rights, in particular those of women and children<br>3. To increase access to basic services and means of subsistence for vulnerable men and women<br>4. To facilitate sustainable solutions for displaced individuals and refugees particularly in areas of return or reintegration |

Sources: SRP 2014, HRP 2015.

## 2.1 APPROPRIATENESS

127. Appropriateness was an area of clear weakness in the response. The overall response strategy outlined in the SRP and the HRP was not appropriate to the wishes of IDPs to return home or the population's expectations of improved development alongside relief (as described in the PK5 and Boda Enclaves case studies). The protection strategy was appropriate to people's primary concern for security, but assistance was often inappropriate due to gaps in participation. This assessment of appropriateness is limited by the relatively scant evidence, security concerns in the potential returning areas, uncertainty about whether objectives can be 'appropriate', and how far a humanitarian response ought to match people's priorities.

128. The strategy was not suited to the people's wish for safe and sustainable returns. All members of the affected population prioritized returning to their homes, but this was not a main concern of the response for multiple reasons (including the context of insecurity, supply corridor challenges, extremely limited funding and earmarking of contributions from donors). Although global stakeholders recognized it was the population's priority to return home, evidence appears to suggest that the response focused on assisting people in IDP camps and shelters without developing plans for assisting them in their communities or lasting solutions to the displacement crisis. INGOs, however, reported the most commonly expressed need of affected people was to return to safe homes as soon as possible. Muslim communities too said the support they needed most was to live in their homes safely and conduct their economic activities in security. At the time of writing, spontaneous returns have begun, but they lack strategic support and coordination.

129. The strategy also did not link the response to the expectations for development and governance, which were root causes of the country's crisis. A majority of INGOs considered the Central African Republic to be in a "development crisis," and priority needs were linked to structural failures in development and governance. Sending in humanitarians to address a "development crisis" was not an effective or a lasting solution. As the crisis is development related, its resolution could also have been shared with development partners. However, as the context in 2014–2015 was also considered to be "a complex emergency," humanitarians were called in to resolve the humanitarian part of that crisis. The most acute need for them was to save and protect lives as driven by the L3 declaration and HRP funding received which was mostly for this acute response effort. Nonetheless, global stakeholders also felt too little priority was given to addressing root causes rather than symptoms of the crisis. Distinctions between humanitarian and development assistance did not always make sense, especially to the affected population. As one returnee in Bambari explained: "The nut of the problem is we don't see the difference between humanitarian and development."

130. The protection strategy was generally appropriate to people's concerns. National leaders insisted on the importance of protection as a main priority, even if MINUSCA was sometimes weak in fulfilling its role. INGOs echoed the primary importance of protection voiced by the communities they assisted. The response succeeded in prioritizing the protection of civilians.

131. The response strategy, however, was not consistently appropriate to people's priorities. Central Africans widely believed they were not listened to in the design of projects, and that aid did not respond to their priorities. National leaders claimed humanitarian aid often did not meet the real priorities of the population, due to its late arrival or insufficient quantity. People in communities expressed mixed views about the appropriateness of aid, especially its timeliness, quantity and quality. United Nations actors believed strategies were inappropriate to people's changing priorities due to a lack of ongoing monitoring.

132. In all, too little was done to consider the priorities of the populations affected, to consult them in any prioritization process, or to deliver assistance in an appropriate manner. This finding is of high importance to making the response accountable to the affected population (see Accountability to Affected Populations, p. 80).

## 2.2 RELEVANCE

133. The relevance of the response was satisfactory in relation to needs assessed, but more questionable in relation to actual (perceived) needs. The SRP objectives were highly relevant to needs aggregated in the Humanitarian Needs Overview (HNO), but always dependent on the mixed quality of the Central African Republic's needs assessments. Relevance depends ultimately on the quality of needs assessments.

134. The SRP objectives were certainly relevant to the needs identified in the HNOs. Documents show the strategic objectives reflected the needs analysed, although they were not always directly aligned. The SRP 2014 objectives were based on the HNO, the MIRA and 'other observations', including prioritization and a concern for scale, but not communications with communities (CwC) as recommended by the MIRA. The HRP 2015's four objectives reflected the HNO's three humanitarian challenges without being directly aligned to them. United Nations actors reported that objectives were relevant to needs, including those presented in the HNO, and national NGOs, based on their own participation in needs assessments, considered the response to be very relevant to needs and priorities. However, at the same time, INGO actors felt the SRP objectives were not always relevant to the affected populations, and most global stakeholders doubted that the SRP directly reflected real needs.

135. The relevance of the SRP objectives depended on the wider quality of needs assessments in the country. While questions were raised about collective needs assessments (see Needs assessment, p. 78), analysts found weaknesses in needs assessments linked to scale, specificity, severity, and evolution of needs,[66] leaving the HCT unable to respond to evolving needs and unable to learn about or advocate for unmet needs. ACAPS found that needs assessments were plagued by partial coverage, poor monitoring and sharing of assessments, and poor data quality. To capture development-oriented needs, a Post-Disaster Needs Assessment (PDNA) may have been a more appropriate instrument than a MIRA; more general inclusion of development actors in the joint needs assessments may have been beneficial. The AAP adviser noted that poor, inconsistent and slow data collection and analysis could not serve as a basis for decision-making. Members of the affected population spoke of problems with targeting greatest needs and with meeting the scale of needs.[67] Some people affected described a stream of NGOs and United Nations entities coming to collect information on needs, sometimes "selling" their projects and returning with projects unlinked to those needs.

136. The assessments of needs were not integrated. As by design, needs assessments were mainly conducted within sectors at the level of clusters. Given weak state services before the crisis and their collapse during the crisis, INGOs felt the response improved access to basic services, perhaps even to higher levels than before the crisis. Affected communities recognized the importance of the limited package of basic services: protection, shelter, food, health, WASH and some recovery activities. Pointing to a lack of integration, some INGOs worried about "airdropping" of assistance and doing "nothing deeply or well."

137. Some needs assessments covered protection (see Protection). In general, INGOs felt the most relevant need in the Central African Republic was for protection (i.e., situations of armed conflict) and strongly agreed that the SRP prioritized this need. Global stakeholders confirmed the relevance of the aid package, especially in regard to protection, and national leaders also acknowledged the value of protection (especially for children) along with food assistance.

138. Relevance, however, remained an area of concern for the response. Strategic objectives were well aligned with comprehensive needs assessments, but the needs assessments upon which these strategic objectives were based were of questionable quality and irregularly conducted. So the strategic objectives were not based on needs assessments that were always of a high quality, comprehensive, differentiated, dynamic and inclusive of protection needs. Relevance to actual needs is critical to accountability and ensuring an impartial response based on needs alone.

## 2.3 MONITORING AND EVALUATION

139. Monitoring the response's performance was a major area of weakness. Monitoring systems were unsatisfactory, and stakeholders were unanimous in seeing weaknesses in monitoring and evaluation (M&E). No framework or system existed for monitoring the response, and M&E

[66] IASC (2014e). 'Internal Report: Response to the Crisis in the Central African Republic'. Operational Peer Review, 23 March 2014; Humanitarian Practice Network (2014). 'The Crisis in the Central African Republic', No.42

[67] Norwegian Refugee Council (2015).

technical support and tools were lacking. Nonetheless, an Operational Peer Review (OPR) was conducted as required and led to course corrections, and this IAHE is under way.

140. All stakeholder groups highlighted weaknesses in monitoring and evaluation. Less than a third of those polled (19/69) felt M&E made an important contribution to effectiveness, and a majority (37/69) were unsure, giving this aspect the lowest rating of all elements in the response model, the Humanitarian Programme Cycle (see HPC). United Nations actors observed that the monitoring of SRP progress was weak, without any midyear review, review of outcomes, joint reflection, or opportunities for course correction. INGOs saw very little evidence of SRP monitoring, noting that monitoring was done at the level of clusters but was weak and quickly outdated. National actors considered the monitoring system to be very weak, without allowing for joint tracking of funds. Global stakeholders perceived that monitoring systems were weak at all levels, especially at the field level. The local population also widely perceived organization monitoring to be insufficient, a gap that contributed to unfair distributions, mistakes and fraud. They felt good monitoring should require the heads of operational organizations to oversee local staff.[68]

141. No framework or system existed to monitor the response. In early 2014, there was no response monitoring framework and data collection tool that could allow for transparent aggregation of results across clusters.[69] The OPR urged establishing such a framework and making progress on delivery a standing item on the HCT agenda. Situation reports did not show total aid delivered, services provided per period, or total targets, so oversight of coverage was impossible. Although no monitoring plan was described in the SRP 2014 for strategic or cluster activities, the HRP 2015 promised improvements. Based on new IASC guidance, the HCT was to adopt a plan, with indicators, a monitoring schedule, and periodic reporting to inform HCT decision-making. This was especially important amid many doubts about the speed and scale of the response.

142. The response lacked technical M&E support. United Nations actors pointed to a lack of SMART indicators to measure progress and impact against a baseline. Global stakeholders observed a lack of systems, a fear of sharing data and a lack of transparency between organizations. Monitoring was further complicated by a lack of reliable data and M&E capacity among all actors.[70] Many operational stakeholders also raised technical questions about M&E: What is the baseline for the SRP? What (robust) indicators could be used? What about cross-cutting themes? How should results be measured? How attributable are results to inter-agency actions? How efficient and cost-effective are they? Is the strategy right? How much time should be spent on monitoring? Some claimed it was not credible to claim achievement of the SPR objectives without meaningful monitoring. The OPR suggested more could be done to strengthen M&E, questioning the utility of OCHA and cluster data collection tools and information management systems.

143. Monitoring tools could not be applied without a monitoring framework and system. Nonetheless, global stakeholders referred to some guidance and tools on monitoring: (i) IASC Response Monitoring and Reporting Framework (draft 2012); (ii) The Humanitarian Indicators Registry, which lists output and outcome indicators as recommended by Global Cluster Coordinators; and (iii) A new IASC guide, 'Humanitarian Response Monitoring Guidance', referred to in the HRP 2015.

144. An OPR was conducted as required and led to course corrections. An OPR is mandatory, to be conducted within the first 90 days after an L3 declaration and conceived as an internal review aimed at 'course correction'. There were many signs of course corrections adopted from the SRP

[68] In the words of people in Bambari, "There is no transparency about how much assistance is provided or what is owed to people. There is no participation, no monitoring, and no complaints system" (Ebe, returnee)."I would like to see the UN deal directly with people, and not working through NGOs, so they could have reliable data. The UN has the final responsibility to manage NGOs. The UN itself should do the monitoring directly. Others do false reporting." (Badjia, returnee).

[69] IASC (2014e).

[70] Humanitarian Practice Network (2014).

2014 to the HRP 2015, but there was no evidence of a formal management response or matrix. Moreover, important questions such as efficiency and quality were not covered by the OPR or the IAHE, so these aspects were neither monitored nor evaluated.

145. Monitoring remained a key challenge for strengthening coordination. The response failed to meet the Transformative Agenda's requirements for 'performance monitoring', to apply the HPC guidance on monitoring, and to initiate a monitoring process with OCHA technical support and information management. Information management, typically the responsibility of the clusters, relies heavily on the quality of the information they produce. As stronger monitoring can help adjust priorities to better respond to evolving needs, monitoring and evaluation are critical to improving coordination as well as enabling strategic leadership, accountability to stakeholders and learning opportunities.

## 2.4 RESULTS

146. The response achieved modest and partial strategic results. While operational actors focused on process, the response achieved modest results in providing access to basic services, protection and delivery of assistance, and poor results in livelihoods and recovery. Similarly, the affected population consistently appreciated the response but questioned its quality and quantity. In the absence of a system for monitoring strategic results, findings are based on an analysis of cluster data (see Annex III on Evaluation methodology), a stakeholder polling exercise (see Annex VI), and a thorough triangulation of evidence from in-depth stakeholder interviews. In the Central African Republic, eight strategic results are set out, four in 2014 and four in 2015, along with a general logic model in 2014[71] and alignment with 18 indicators in 2015.[72] These objectives contain multiple and sometimes overlapping concepts, so it is useful to group them as follows: direct aid provision, protection services, access to basic services and livelihoods recovery. Aggregating data from sector indicators remains a crude indication of strategic results.

### Basic services

147. In the provision of basic services,[73] the response achieved best results, but modest nonetheless, with delays in health (see Figure 3) and partial nutrition results. In health, none of the reported health indicators were achieved by more than a third, and progress remained stalled from March until December 2014; but in 2015, new indicators were achieved by more than two thirds by May, showing that all new sites were covered by a health centre and 64 per cent of health centres were functional in targeted areas. In WASH, most of the reported indicators were more than two-thirds achieved by mid-2014, and 49 per cent of the affected population had access to permanent clean water sources by early 2015. In nutrition, indicators concerning screening and treatment of children with severe acute malnutrition (SAM) were either partially achieved or achieved by more than two thirds in 2014. No data were available for 2015.

148. Stakeholders on average rated the performance on basic services higher than aid provision and protection. In 2014, stakeholders tended to agree that the response enabled the people affected to access basic services, with 34 of 69 clearly agreeing, 33 unsure and only two disagreeing. In 2015, a majority of stakeholders also agreed that the response was increasing access to basic services for vulnerable people, with 34/69 clearly agreeing, 30 unsure and five disagreeing. United Nations actors said health and education services were provided; INGO representatives cited polling to indicate a relatively better performance in service provision. However, global stakeholders noted that at the end of 2014 only 41 per cent of schools and 55 per cent of health facilities were working, posing a risk of epidemics.[74]

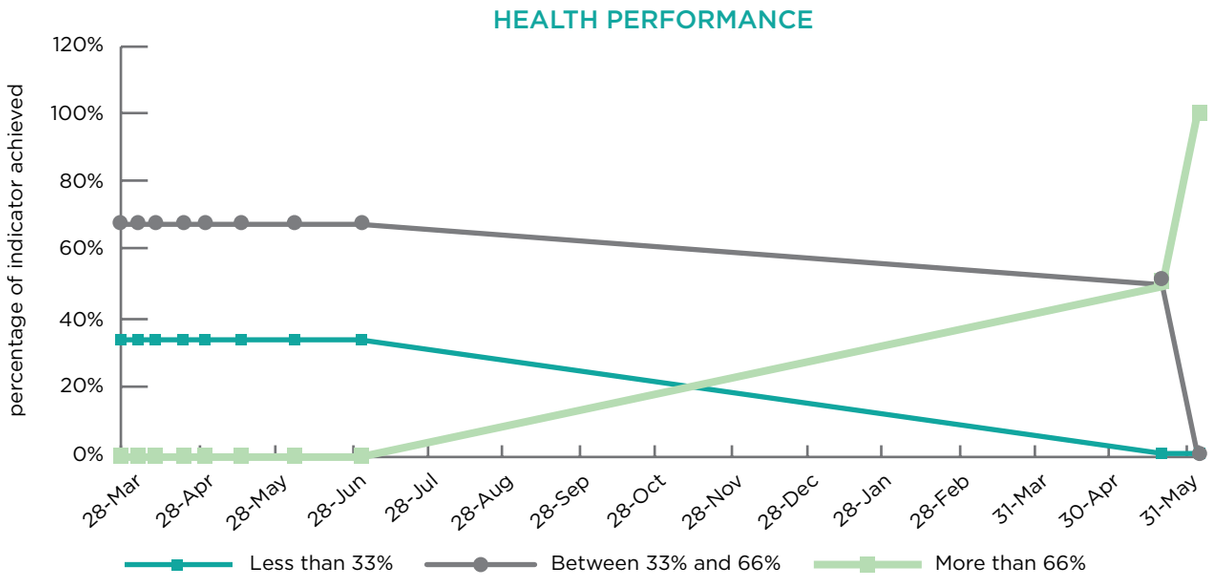
[71] HCT (2014a), p. 11.

[72] HCT (2014), pp. 18–19.

[73] I.e., health, nutrition, WASH, education.

[74] IASC emergency directors.

**Figure 3: Health cluster performance on indicators, 2014–2015**




Source: OCHA and other organizations.

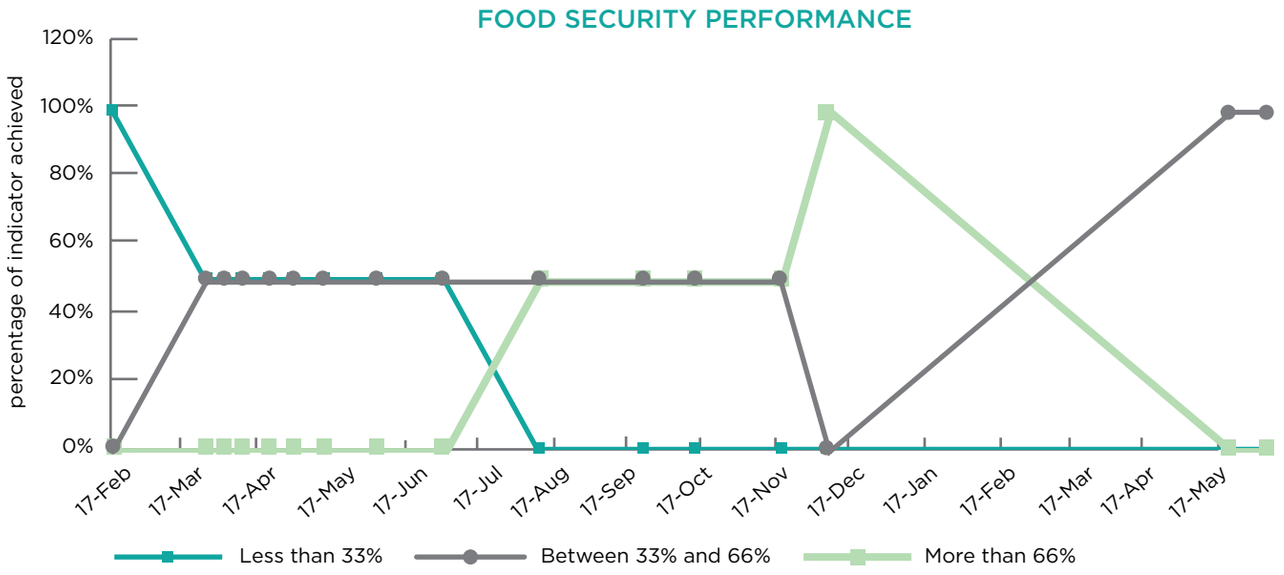
## Protection

149. The response achieved sporadic, but modest-to-good results in protection programmes. Monitoring data show all protection indicators were achieved by more than two thirds by end-2014, including children receiving psychosocial support, people reached by community-based initiatives and sexual violence survivors assisted. Yet progress was not incremental, with increases in July and November after several months of no progress at all. In 2014, stakeholders agreed moderately that the response helped to protect vulnerable people from harm during the conflict, with 35/69 agreeing, 29 undecided and five disagreeing. During 2015, monitoring data show that new indicators remained less than a third achieved in June, and stakeholders agreed moderately that the response was reinforcing protection of civilians and their basic rights: 28/69 agreed, 35 were uncertain and six disagreed. United Nations actors reported that IDPs were assisted and physical protection provided (see next section).

## Assistance

150. The response achieved modest results in delivery of assistance. In the area of food security, indicators for food assistance and agricultural assistance were achieved by more than two thirds in 2014, although progress in food assistance stalled until July and from August to November. In 2015, new indicators for targeting severe and urgent food insecurity were half-achieved by June. In shelter, most indicators were less than two-thirds achieved in 2014, and performance declined in the first part of 2015. Forty-six per cent of stakeholders agreed that the 2014 response provided a package of combined aid to the most affected people, with 32/69 agreeing, 31 unsure and six disagreeing. United Nations representatives agreed that food assistance was delivered, but global stakeholders reported that 1.7 million people remained food insecure by end-2014, an increase from 1.3 million a year earlier. The increase of needs during 2014 (after the acute phase of the emergency) can be explained by annual national data and analysis demonstrating the continued lack of access to land, fisheries and livestock due to insecurity, the utter depletion of household assets and coping capacity following years of conflict and poor development.

**Figure 4: Food security cluster performance on indicators, 2014–2015**

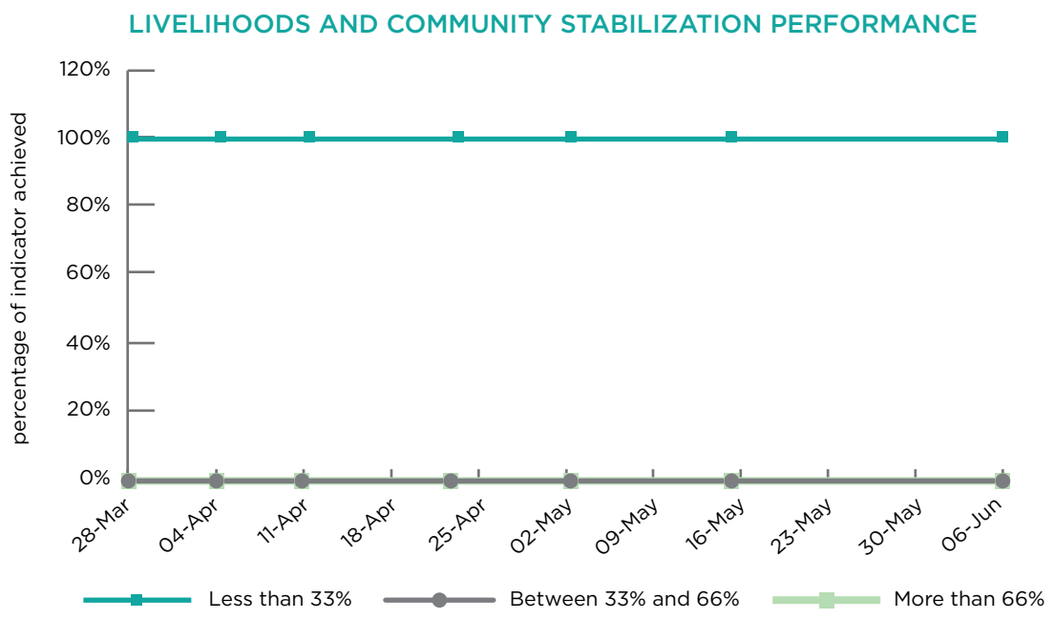



Source: OCHA and other organizations.

## Livelihoods, resilience and recovery

151. The HRP achieved poor results in livelihoods, resilience and recovery. Although monitoring data on livelihoods and community participation are limited to March–June 2014, they show that all indicators had remained under a third of the way achieved. In 2014, stakeholders were least confident that the response strengthened the resilience of affected communities, with only 18/69 agreeing that it did, 43 unsure and eight disagreeing. In 2015, stakeholders showed similar doubts, with 21/69 agreeing that the response supported livelihoods for men and women, 38 unsure and 10 disagreeing. Again, this was the area in which stakeholders expressed the least confidence. In the Central African Republic it was agreed that support to agriculture-based livelihoods was within the scope of the food security cluster (see above).

**Figure 5: Livelihoods and community stabilization performance**



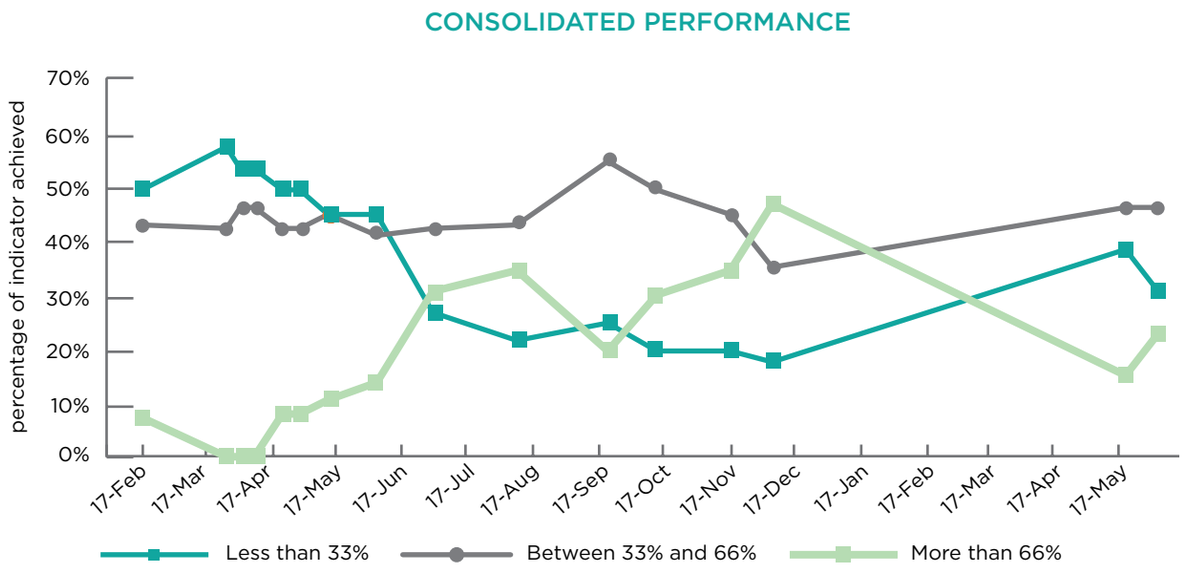

Source: OCHA and other organizations.

## Inter-cluster performance

152. Aggregated across clusters, the response achieved modest and partial strategic results in 2014. Cluster monitoring data show only around half of the 48 cluster indicators were achieved by two thirds or more, while targets for around a fifth of the indicators were not even a third of the way to achievement in December. Stakeholders expressed uncertainty that the response achieved for the SRP 2014's four strategic objectives, showing average agreement of 6.1/10, with little variation among United Nations and INGO actors. Global stakeholders remained sceptical, while national actors were more positive. In interviews, all stakeholder groups spoke of mixed results, modest success and room for improvement. "The response could have been much better," was a common refrain. United Nations and INGO actors raised doubts about timeliness, INGOs and national actors questioned coverage and local relevance, and United Nations actors cited "failures" in Yaloké and M'Poko. One INGO respondent feared that "a mostly unsatisfactory response might end up seeming 'just average'."

153. Strategic objectives were being achieved only partially in 2015 too. Cluster data show mixed levels of achievement in June 2015, similar to those from a year earlier – suggesting a similar trajectory now subject to reduced funding. Stakeholders were even more uncertain in 2015 that the response was achieving the HRP's strategic objectives, showing an average agreement level of 5.7/10, and suggesting generally reduced satisfaction. Again, there was very little variation between United Nations and INGO actors, more doubt from global stakeholders and positive views from national actors. In interviews and polling, stakeholders also spoke of slightly weaker performance in 2015. The chart below shows consolidated performance for all cluster targets during 2014–2015, including whether they were less than 33 per cent, 33–66 per cent, or more than 66 per cent achieved.

**Figure 6: Consolidated cluster performance data for all targets 2014–2015**




Source: OCHA and other organizations.

## Primacy of process

154. Assessments of performance in the Central African Republic focused on process more than results. Some stakeholders considered it a main achievement that such a large-scale inter-agency response was mounted. United Nations actors pointed to a "structured," "coordinated" and "scaled-up" response in a difficult context. A primary concern for process was also notable in the 100 Day Plan, IASC/EDG measures and the IAHE Impact Pathway. Global stakeholders appreciated aspects of the response process, but were frustrated by an inability to meet needs, curb delays and make visible quantifiable progress. INGOs publicly criticized weaknesses in the process. Médecins Sans Frontières, for example, complained of failings in Bangui: slow, weak, inappropriate responses by United Nations organizations; and NGOs called for an end to "half measures" and for ways to "revise response priorities and identify ways to provide more effective and accountable assistance."[76]

## Popular perceptions

155. The response received mixed reviews from the affected population consulted. Although they knew little about response objectives, national leaders offered views about what had and had not been done. Many agreed that the response averted worse outcomes, but also claimed that concrete results were delayed, insufficient, or not visible, and that disarmament, demobilization and reintegration (DDR) was not adequately addressed for the overall results to be sustainable. In the polling exercise and in-depth interviews, national leaders were consistently the most sceptical about the achievement of strategic objectives, while national actors involved in the response were the most positive. At the community level, people also gave mixed assessments. They were able to list the humanitarian services provided and whether or why they had been appreciated. While most were pleased to receive some assistance, they generally agreed that many needs were not met, or were met only partially and sporadically (see explanations in sectors above). When asked, respondents in Bambari consistently graded the response at 5–7 out of 10 (best). These findings support the conclusions of a larger study of the affected population, which found people appreciated the response, but criticized the nature, quality and quantity of assistance.

> *"A major finding of the study is the contrast between how strikingly little aid workers know of populations' perceptions of aid work on the one hand, and how much populations are critical of aid work on the other hand. To be sure, populations are generally grateful of the aid provided and understand that aid agencies' prime reason for being in CAR in the first place is indeed to provide aid. Yet these genuine expressions of appreciation are quickly clouded by discontent. Most people interviewed have reported a wealth of issues with the nature, quality or the quantity of aid provided – if not criticising outright that aid has not been primarily directed at those who need it most and that not all needs are being responded to."*[77]

156. The achievement of strategic results remained a challenge for effectiveness. Achievements were modest and partial compared to targets and expectations, with important gaps in livelihoods, resilience and recovery. As required by the Transformative Agenda, the response set out collective results at the country level, but its activities were not driven by these results as expected in the HPC.[78] Results are usually central to effectiveness, but in this response they were less important because objectives were poorly conceived (see Strategic planning, p. 79), targets were inadequate (see Coverage, p. 84) and outcomes were largely positive (see Outcomes, p. 63).

[75] Médecins Sans Frontières (2013).

[76] Norwegian Refugee Council and others (2014).

[77] Norwegian Refugee Council (2015), pp. 2–3.

[78] IASC (2013c). Reference Module for the Implementation of the Humanitarian Programme Cycle.

## 2.5 PROTECTION[79]

157. Protection consisting of preservation of life and relief of suffering was generally an area of strength for the response. Evidence indicates that the response made a positive contribution to protection in a larger sense, including a strong contribution to the protection of civilians (PoC), which improved during the humanitarian response. Yet the response made a less adequate contribution to upholding other human rights, especially the right of return for IDPs, and lacked a comprehensive strategy to address the manifold complex protection challenges in the Central African Republic. Protection programmes were focused on specific groups, in particular women and children, and the protection strategy was delegated to the protection cluster (without the support of a more comprehensive stabilization strategy).

### Protection of civilians

158. Humanitarian contributions to PoC were highly valued, and stakeholder groups concurred that civilians were protected as a result. United Nations operational actors defined these contributions as: (i) 'protection by presence'; (ii) alerting MINUSCA to threats through coordination; and (iii) advocacy for protection of communities at risk – especially to prevent massacres of Muslims in enclaves and for their relocation from the PK12 neighbourhood in Bangui. MINUSCA's system-wide PoC strategy, finalized in September 2014, relies on a PoC matrix informed by humanitarian actors to identify communities at risk of violence and maintained with the protection cluster.[80] By these actions, stakeholders say, humanitarians contributed to important outcomes, such as the securing of the most affected areas, the prevention of massacres, the halting of Muslim displacements in 2015 and the spontaneous returns of some IDPs. Reassuringly, PoC appeared to show improvements since the OPR found the response needed to increase its focus on this aspect. However, United Nations and national actors observed that international forces only brought security to some areas (especially IDP camps), that the effort took considerable time in 2014, and that numerous security threats remained to civilians. Global stakeholders felt that the people most in need of protection were outside camps or enclaves, and that protection needs greatly outweighed the mandate and ability of the international humanitarian community.

159. The affected population had mixed views on PoC, with Muslim enclaves feeling physically protected (but denied of other rights, such as freedom of movement), people in camps feeling insufficiently protected, and people outside camps and in home neighbourhoods feeling unprotected by MINUSCA. The most positive accounts of protection appear to come from the Muslim enclaves or *quartiers*, including Boda and PK4. National leaders recognized protection as a relative success, citing Bangui, enclaves up-country, and the rescue of children associated with armed groups, but more than half had strong statements about how protection remained inadequate.[81] People in camps also did not feel sufficiently protected; many admitted to relative protection inside camps, but spoke of abuses therein (e.g., Batangafo). People outside camps often felt unprotected by MINUSCA, because it does not undertake DDR or answer local calls for help. Affected populations complained that peacekeepers do not respond to protection alerts made by citizens in neighbourhoods in time to protect them from direct attacks. Some in Kouango considered MINUSCA little more than a symbolic presence for peace.

[79] Aware of the challenges associated with assessing protection given the lack of standardized operational definitions, approaches and logic models, the evaluation refers to the IASC definition of protection: "All activities, aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. human rights, humanitarian and refugee law). Human rights and humanitarian actors shall conduct these activities impartially and not on the basis of race, national or ethnic origin, language or gender. As the recent Whole of System Review of Protection (May 2015) has found, while an agreed definition is helpful as a broad frame of reference, staff working within the same organisation, sector or at the systems level, lack a common understanding of what the IASC protection definition means in practice." (Ibid., p. 22)

[80] UN Security Council (2014d).

[81] Examples of the inadequacies include: the lack of access to the Muslim Cemetery in PK5, general lack of preparing and protecting inside camps, massacres of Peuhl, relocation of ex-Séléka to the north-east (indicating 'non-neutrality of UN'), delayed assistance to Bambari, and entire neighbourhoods in Bangui left unprotected.

## Protection of human rights

160. Evidence indicates that humanitarian contributions to upholding human rights were inconsistent. Besides meeting the material needs of beneficiaries, humanitarians advocated for rights in reaction to events, but not in a strategic or structured manner. More broadly, United Nations actors observed little progress in upholding rights and the rule of law, notably as they related to freedom of movement, right to vote, property rights and restoration, and sexual abuses committed by peacekeepers. The protection of other basic rights was left to UNHCR alone to uphold, leading to disputes with the government on freedom of movement and refugees' right to vote. INGOs highlighted the right of Central Africans to live freely and safely in their original homes, instead of finding protection in camps. Global stakeholders believed high-level efforts in 'humanitarian advocacy' to raise awareness and funding led to the L3 launch and saved many lives, but that protection failures in the Central Africa Republic were not visible to visitors.

161. Stakeholders widely questioned humanitarian contributions to upholding the right of safe and voluntary return. Compared to all other strategic objectives, stakeholders were least convinced the response was helping displaced people resettle in their home areas, with only 20/69 agreeing it did so, 34 unsure and 15 disagreeing. While the HCT continued to struggle with returns,[82] United Nations actors highlighted the scale of non-Muslim displacement in IDP sites, the "timidity" of returns, and barriers to return – such as loss of property and livelihoods as well as persistent security risks. INGOs agreed that IDPs in sites were most concerned with returning to their homes, but that they were prevented by insecurity, armed groups and poor land rights. When efforts were seen to conflict with humanitarian principles, however, INGOs strongly disputed United Nations-backed efforts to "force" the return of residents from the M'Poko IDP site in Bangui. INGOs and members of affected populations highlighted the need for an IDPs return framework.

## Protection of specific groups

162. As stated in the HRP 2015 strategic objective, humanitarian protection programmes were focused on specific groups (women and children). It was widely felt that the focus on women and children did not necessarily correspond to protection needs. United Nations actors noted that protection of children was part of protecting all civilians, and pointed to successes in negotiating the release of hundreds of children from armed groups. They also noted that sexual and gender based violence (SGBV) and exploitation of children by peacekeepers revealed systemic weaknesses that must be addressed, hindered in part by inadequate financial resources. The affected population highlighted a need for protection in camps, specifically through mechanisms that could address SGBV.

## Strategic protection gap

163. The response lacked an overarching protection strategy to deal with wide-ranging expectations, instead delegating the protection strategy to the protection cluster that coordinates protection programming. In early 2014, the OPR cited the need to develop a comprehensive protection plan to handle multiple concerns, and a former protection cluster lead wrote an article stressing the need to prioritize the greatest protection problems, leading the cluster to emphasize "coverage" above other problems in the Central African Republic.[83] Yet in early 2015, the scoping mission identified continued frustration at the lack of strategic clarity. United Nations actors noted difficulties in integrating protection into clusters as a cross-cutting theme, and stressed the

[82] IASC (2014e).

[83] Humanitarian Practice Network (2014).

need for protection to fit within a larger stabilization strategy. Among the complex protection challenges identified were: protection of civilians (physical protection, especially children and women); displacement (caseloads, persons of concern); rights denials, abuses, impunity, rule of law (legal protection); conflict in communities (do no harm, peacebuilding); and access obstacles (right to assistance, international humanitarian law).

164. The response's contribution to PoC in collaboration with MINUSCA was highly satisfactory, and enabled it to address a 'protection crisis' as well as humanitarian needs. However, the response lacked a comprehensive protection strategy to address multiple expectations and right to return and insufficiently prioritized certain vulnerable groups. An emphasis on protection was crucial to relevance (see Relevance, p. 52 and Accountability to Affected Populations, p. 80).

## 2.6 COMMUNITY RESILIENCE

165. Resilience, as defined by "the ability of communities and households to endure stresses and shocks,"[84] was an area of great weakness in the response. Resilience and livelihood support was widely needed, but strategic planning on resilience was unclear, implementation actors understood resilience only as food security, and many considered it a matter to defer to development programmes. Yet people affected had wider and more urgent requirements for resilience. This assessment is limited by the confusion surrounding the term resilience.

166. In the Central African Republic, strengthening resilience through livelihoods was a widely identified need. The MIRA, conducted between 21 and 27 December 2013 (during the peak of displacement), found 96 per cent of all respondents had their livelihoods impeded by the crisis, and 85 per cent were low on food. The HNO 2014 makes no mention of this need as it was written in September/October 2013, months before the worsening of the conflict in December 2013.

167. Strategic planning was ambivalent and unclear about resilience. The SRP 2014 made resilience a strategic objective, but contingent upon returns and relegated it to the second part of the year. It was largely addressed through the food security cluster. The HRP 2015 offered mixed messages on resilience, describing it variously as an ultimate goal, an early recovery strategy, a cross-cutting theme, an immediate objective and a single cluster objective.

168. Operational actors limited their definition of resilience to food security. National actors explained that resilience was undertaken by food security programmes for returnee populations and populations in enclaves in order to support livelihoods. United Nations actors suggested that this sectoral definition, developed for 'natural' disasters, was less appropriate to the local emergency, where resilience activities should support people's ability to 'bounce back' from trauma, return from displacement, avoid displacement, or survive in the bush through community coping mechanisms.

169. Many stakeholders considered resilience a matter for development actors at a later stage. Operational actors associated resilience with a recovery phase that depended on links with development actors and required joint assessments. United Nations actors felt resilience was needed 'progressively'. INGOs admitted that resilience was rarely considered, difficult to link with humanitarian action and hard to implement in a country where resilience programming was 'unknown'. Global stakeholders also claimed that resilience was not a focus during the response and that such efforts were on standby until an elected government was in place. The IASC emergency directors established no special measures or monitoring of resilience.

170. People affected had a widespread and urgent need for resilience support. National leaders called for a mixed bag of 'resilience' activities: market development, fiscal reform, seed distribution and other livelihood-linked efforts, restoration of transhumance activities, and psychosocial support. Community informants felt that resilience had to be built in the immediate

[84] OCHA (n.d). 'Position Paper on Resilience'. It charts out a focus for humanitarian actors on "scaling up and integrating risk reduction approaches into humanitarian programming…and effective early action" during the response. Available at <https://docs.unocha.org/sites/dms/CERF/OCHA%20Position%20Paper%20Resilience%20FINAL.pdf>.

term, starting with disarmament, resettlement, education and livelihood restoration. The lack of programmed resilience activities has resulted in groups such as host families not receiving any real support, as observed in places like Bambari. People affected also equated the protection of Muslim communities in enclaves with resilience, as they preserved human capital to continue livelihoods after the crisis.

171. The lack of progress in resilience was a major weakness in the response, especially in the absence of state-led development planning. The response put too little effort into coordinating preparedness, resilience and response capacity, helping to build resilience and recovery processes, and strengthening livelihoods as an 'early impact' to help cope with shocks as a 'long-term impact'. Resilience is an essential link to national development, especially in the absence of state-led development, and increasingly important as L3 capacity diminishes.

## 2.7 OUTCOMES

172. Despite achieving modest strategic results, evidence shows that the response contributed enormously to relieving the crisis in the Central African Republic, saving the lives of many Central Africans and preventing worse outcomes. It went a long way to achieving the SRP 2014's goal of reducing suffering and to the humanitarian goal of saving lives. It also achieved process indicators on a notional pathway to stronger resilience and national response capacity (see Table 2, IAHE Impact Pathway, p. 32), but missed the opportunity to use greatly increased resources to address the country's protracted crisis. Some respondents reported negative effects, such as growing aid dependency, an employment boom in the aid sector and short-termism in planning.

173. The SRP 2014 proposed that by providing US$551 billion through cluster-coordinated activities, the suffering of conflict-affected people in the Central African Republic could be "alleviated" and "prevented." The HRP 2015 proposed a more limited theory: by achieving targets on 18 key sector-based indicators, conditions for newly displaced persons would be improved, protection would be reinforced, the most vulnerable would have access to basic services and displacement solutions would be facilitated. However, operational stakeholders had little idea of such expectations, and affected populations expected greater and more lasting impact.

### Significant contributions

174. The wider humanitarian, military and political response greatly relieved the crisis. United Nations actors agreed that the humanitarian response helped calm the situation, stop a negative spiral, avert a disaster and "hold the country together." National leaders believed "genocide" was averted, and relative calm returned.

175. The humanitarian response contributed to preventing higher mortality. All stakeholder groups agree, sometimes emphatically, that the response saved lives through provision of food assistance, health, WASH and protection services. The number of lives saved is of course unknown, but United Nations actors believe that hundreds of thousands of the 922,000 IDPs in January 2014 and 400,000 IDPs in December 2014 would not have survived without food assistance and basic health services.[85] Some INGOs feel that lives were only "prolonged," since they will ultimately be shortened without a continued humanitarian response or long-term solution. People affected recall that many lives were lost before the emergency response, and believe that health interventions saved the most lives. Stakeholders mostly agree that the response achieved its overall goal in 2014 ("reduced the suffering of conflict-affected people in the Central African Republic"), with a total of 44 of 69 clearly agreeing and only five disagreeing.[86]

[85] United Nations actors note the number of lives saved is unknown without a monitoring system, but suggested counting beneficiaries of food assistance, water and health services in locations where no other services were available, such as IDP sites. This approach, wrongly perhaps, assumes people would have found no alternatives to international assistance in IDP camps.

[86] Interestingly, respondents were more convinced the response achieved this overall goal than any of the four constituent objectives. It is unclear if this means unmentioned factors contributed more to achieving the goal than the strategic objectives, or whether stakeholders simply do not accept the alignment logic between these objectives and the goal.

176. The humanitarian response contributed to preventing much worse outcomes, such as refugee outflows, massacres, food insecurity, severe malnutrition and the outbreak of diseases, including cholera and Ebola. United Nations actors believe it prevented these through multiple activities: providing relief where none other was available and replacing basic services – the health system in particular; assisting IDPs in Bangui and in camps; protecting communities by presence; taking on local administration functions; and conducting "emergency mediation." INGOs believe the response mainly protected populations in Bangui and the central and western parts of the country. National leaders also believe the response averted famine.

177. The response made significant progress on four of the five collective process outcomes defined in the IAHE Impact Pathway: secure access, relevance, coordination and coverage. United Nations actors point to increased response capacity and coverage; mobilization of humanitarians; organization of NGOs; enhancement of staff and leadership; and a strengthened humanitarian pillar compared to development and peacekeeping functions. National actors point to improved coordination and involvement of national actors. The response made minimal progress on providing information to the population, the fifth process outcome. In all, this shows good progress in building a response to the crisis.

## Missed opportunity

178. The humanitarian response missed the opportunity to address the chronic crisis in the Central African Republic. United Nations actors noted that positive outcomes in relieving the crisis did not affect its political and economic roots, and operations were not handed over to capable development actors. As a result, critical work was left half-done and limited to a temporary impact. Insufficient practical attention paid to longer-term recovery and resettlement, INGOs observed, meant that the response failed to harness the influx of resources provided by the L3, "the largest economic opportunity in the history of the Central African Republic." People affected also regretted the response's focus on short-term objectives, and said that only high-intensity manual labour/ cash for work and livelihood restoration had a lasting impact.

## Negative outcomes

179. The humanitarian response contributed to some negative outcomes. United Nations actors suggested it contributed to making 2 million people dependent on assistance, replaced national and local services, and became stalled in an emergency mode that undermined recovery. INGOs perceived the response as reinforcing a structural neglect of populations outside Bangui and setting poor precedents for IDP resettlement in the capital. People affected said that protection in confined spaces, whether camps or enclaves, disrupted livelihoods that depend on movement and exchange (e.g., women in Boda, Peuhls). They noted that the international response served to "remove" the State's responsibility for providing services. Analysts noted inflationary pressures generated by the international presence, looming unemployment as the humanitarian response shrinks and a lack of strategic reflection linked to the quest for results.[87]

180. The response's contribution to relieving the crisis demonstrated an impressive strength beyond defined strategic objectives and great contributions to the SRP 2014's goal of reducing suffering. As required by the Transformative Agenda and proposed in the IAHE Impact Pathway, the response had a major impact on relieving the crisis in the acute phase of December 2013, helped develop a collective response process, and saved or sustained hundreds of thousands of lives. But achieving impact beyond these remained a challenge, including restoring livelihoods, boosting community resilience and enhancing national emergency response capacity. The response also missed the opportunity to address the protracted crisis.

[87] Institut français des relations internationales (2015).

# 3. NATIONAL AND LOCAL STAKEHOLDERS

IAHE Guidelines Question 2:

➔ To what extent have national and local stakeholders been involved and their capacities strengthened through the response?

## 3.1 INVOLVEMENT

181. The level of involvement of national and local stakeholders was highly contested (due to a reported lack of presence) but ultimately insufficient. The response largely bypassed an incapacitated government in 2014, then made increasing efforts to engage it in 2015. Still, few national actors participated in the response, and those who did complained of barriers to receiving funding. National actors and leaders were generally less satisfied with involvement, and along with local leaders expected to make useful contributions. But INGOs and people affected expressed reservations about national and local actors, some of whom they believe lacked integrity. This assessment is limited by doubt over what is an appropriate level of engagement, and complicated by questions of capacity, integrity and responsibility.

182. Stakeholders were most divided about whether "national and local ownership" made an important contribution to effectiveness, with many undecided (30/69) and nearly as many agreeing (18/69) as disagreeing (21/69). Polling showed operational stakeholders and members of the affected population were more satisfied with levels of involvement than national and local leaders and national actors. But all stakeholder groups felt this aspect made the lowest contribution to effectiveness among all other aspects.

183. In 2014, the response did little to engage a largely incapacitated government. Initially, national and local capacity was completely disabled by the military takeover of Bangui,[88] so United Nations actors believed the response rightly bypassed government and only made efforts to work with functional parts of the State, while global stakeholders felt there was "no government or State to involve." But the OPR found the response was not sufficiently aligned with and supportive of the government and other national/local capacities, plans and responses. Some stakeholders insisted that the State was never entirely absent, and the response ought to work with and through them, while establishing 'firewalls' to preserve humanitarian neutrality.

184. In 2015, the response made increasing efforts to involve national actors. The government began to participate more in the response, establishing a Coordination Unit under the humanitarian pillar of its road map (March 2014) and participating in United Nations field assessments (HNO 2015). Communication between the response and the unit was good despite different agendas, and both government and NNGOs participated in some clusters. However, United Nations actors felt government involvement fell short of providing leadership, taking responsibility or addressing the causes of the emergency.

185. Few national actors participated in the response. A minority received funding through the Common Humanitarian Fund (CHF), few participated in needs assessments or cluster meetings, and only two participated in HCT meetings led by the Humanitarian Coordinator. These national actors appreciated participating in the response, but wished to see more national actors involved. Some NNGOs had understood that they could only act as 'implementing partners', only accessing CHF funds if they were managed by INGOs (this is not the case). All national actors complained about the online application system for funding, requesting its simplification to allow them to access funds. The four government ministries consulted also requested more

[88] OCHA (2013). '2014 Humanitarian Needs Overview', October 2013; OCHA and WFP (2014). *Multi-Cluster/Sector Initial Rapid Assessment: Central African Republic*.

transparency in the financial management of the response, including through narrative reporting that would allow them to track funds they contributed to mobilizing.

186. INGO actors highlighted the challenges of engaging national authorities. A majority of INGOs claimed there was no government to engage in the response, and some suggested the political elite lacked integrity. A minority claimed that at every level and location, there was some semblance of authority that must be engaged. INGOs showed a wide diversity of understanding about what constituted engagement at national and local levels. Many negotiated with local armed groups in lieu of governments, with a view to reaching populations in need.

187. Members of the affected population questioned the integrity of national and local actors, and the extent to which authorities and certain NNGOs should be involved in the response. Community informants highlighted the involvement of both government and local groups in the response, including the creation of groups representing the affected community (e.g., in Batangafo camp), the organization of meetings with mayors and representatives at town halls (e.g., in Kouango), the targeting of groups of women and youth (e.g., Boda and PK5), and the general engagement of local NGOs and Red Cross branches. Many felt the United Nations system and some INGOs were more impartial than government authorities in guiding and distributing aid.

188. National leaders, including from civil society, expected more active involvement. In general, they felt they were not "actively" engaged in the response or made aware of the United Nations-led strategy. Some were involved in the health response and administration of affected communities and spoke of increased involvement from August 2015, but most felt they were reduced to the role of "distributors" or "messengers" of assistance. United Nations actors recognized that the response did not involve civil society and the other half of the population not targeted by assistance.

189. Local leaders also expected greater involvement to improve the response. They at least expected to be informed of activities in their area.[89] But aid workers rarely took an active approach to local authorities or nurtured relationships with them, assuming instead that good delivery of programmes was enough. Local and traditional leaders expected to be involved in the design and monitoring of activities, especially in identifying the most vulnerable, and most felt responsible for facilitating access to their communities.[90] Some UN actors reported that diverse local structures were initially enabled and served to maintain the response, but their involvement declined by 2015.

190. On balance, the response did too little to develop national leadership and ownership, some local entities were too easily bypassed and a handover strategy was missing. The involvement of national and local stakeholders remains an important challenge for ensuring connectedness with national development, and essential to mobilizing capacity after the L3 capacity surge.

## 3.2 CAPACITIES

191. The response also did too little to build national emergency response capacity. It lacked a strategy for this and made too little effort to strengthen capacity to respond to the next crisis.

192. The HRP 2015 mentioned reinforcing the capacity of government, local authorities and NNGOs. INGO actors report various training packages dispensed to different levels of government authority during the international response. INGOs expressed commitment to "accompaniment" of local authorities, including through intensive training. Community informants recognized specific targeted efforts by certain NGOs, providing training for livelihoods (e.g., sewing, agriculture) and activities that engaged youth or other vulnerable groups. National leaders reported more recent efforts, by UNDP and UNICEF, to develop national capacity in law-making, human rights, social cohesion, gender equity, police/justice and territorial administration.

[89] IASC (2014e).

[90] Norwegian Refugee Council (2015).

193. Nonetheless, the response lacked a systematic approach to strengthening national and local response capacity. United Nations actors reported little effort to build capacity of government due to donor funding decisions and limited capacity, resulting in no transition planning, inadequate government leadership and limited economic vision. National actors are unanimous in their belief that strengthening the technical and logistical capacities of national and local partners is the only way to effectively involve them in the response, and they deplore trainings that limit their role to implementing partners and make no plans for sustaining programmes when international partners leave. The SRP 2014 makes no mention of capacity-building, and the OPR calls for course correction to "proactively engage and further strengthen the capacity of national and local civilian humanitarian actors as part of ongoing programming." A majority of leaders reported no capacity development or strategy visible for it at either the national or local level. Community informants witnessed very little effort to build local capacity.

194. The lack of systematic capacity-building was a weakness and a missed opportunity. Although funding was not forthcoming for capacity-building and some efforts were made, the response lacked a strategy for improving national emergency response capacity and made too little effort to strengthen capacity to respond to the next crisis.

## 3.3 NATIONAL DEVELOPMENT

195. The response did too little to start recovery and 'connect' with long-term development. In 2015, the response highlighted recovery at a strategic level, but actors perceived a continued absence of recovery activity, and many stakeholders felt it premature to think about development amid insecurity and mass displacement. In contrast, most people affected expected humanitarian action to work in tandem with development.

196. In 2014, the response lacked a strategic approach to recovery. The HNO 2014 reported more than two thirds of the Central African Republic's population was in need of livelihood support in the form of basic infrastructure or income-generating activities. However, the SRP 2014 proposed to address recovery needs only through clusters (early recovery, food security, health, shelter/NFI, coordination) and without a strategic-level approach. In addition, OPR found insufficient linkages between HC/HCT and UNCT, and a gap between humanitarian and development agendas. The deployment of an early recovery adviser in January 2014 showed recognition of this as a challenge (OPR).

197. In 2015, the response highlighted recovery opportunities at the strategic level. The HNO 2015 pointed to a chronic crisis and wider needs, including the need to reinforce the State to take over from the humanitarian responders. The HRP placed strategic emphasis on recovery, aligning it with the following development interventions: (i) The Government's Triennial Programme for Emergencies and Sustainable Recovery; (ii) The Bêkou fund (ESPOIR), the European Union Trust Fund for the Central African Republic; (iii) The temporary strategic framework of the United Nations system in the Central African Republic 2014–2015; and (iv) The World Bank and International Monetary Fund.

198. Operational actors perceived a continued absence of recovery activities. Some operational stakeholders felt the HCT retained focus on humanitarian work and neglected recovery aspects. United Nations actors reported the response lacked an exit or handover strategy, remained caught in emergency mode and resisted moving into recovery. Difficulties included funding mechanisms that were either humanitarian or developmental; a lack of 'integrated funding' for recovery; a lack of planning for transition in clusters; missed opportunities to hand over coordination of health and WASH to government; a lack of government vision; mere short-term planning until the election of a new government; and the difficulty of 'recovering' in the context of a chronic emergency.

199. Many stakeholders considered conditions premature for development activities, seeing a sharp separation between humanitarian and development work. National actors felt that development activities could not be included in emergency response activities, and while the government and population both wished for development programmes, continued insecurity and displacement of populations prevented their launch. National leaders considered it premature to discuss development until people returned home from enclaves or camps.

200. Global stakeholders recognized the need for long-term solutions but placed priority on operational action, so "those who want to talk [i.e., long-term planning] should get out of the way for those who are here to take risks for action." They saw a difference between the human resources required for humanitarian and development programmes, contrasting "short-sighted adrenalin junkie life savers and long-term plodding persistent development workers." Some saw a need for both to work together in fostering sustainable solutions and preparing a cadre of emergency actors to remain on standby. United Nations actors pointed out that humanitarian and development activity remained compartmentalized and the link between them unclear.

201. People affected expected development and humanitarian action to work together. They saw humanitarians as part of a wider effort to restore development and peace. They also felt donors should support government efforts to govern accountably, promote development and address the long-term roots of the crisis in underdevelopment. Most community informants presented an equally holistic view of humanitarian action and development, asking: "Support us until we're back on our feet, with little chance of another crisis." This view indicates a challenge in defining parameters of humanitarian intervention.

202. The lack of early recovery and clear linkages with longer-term development was a significant weakness in the response, and remained a pressing challenge for addressing the country's chronic emergency. The response did too little to promote early recovery in 2014, and provided no path to durable solutions or exit strategy 18 months into the L3 emergency. Recovery activities were promoted in the HRP 2015, but remained sparse in practice. In clear contrast to the population, humanitarians considered recovery to be premature, and uncertainty prevailed as to how transition should work without a stable government. That the Transformative Agenda mentions neither recovery nor development suggests larger ambivalence about linkages to development.

Photo credit: Gemma Cortes, OCHA

# 4. COORDINATION

IAHE Guidelines Question 3:

➔ Was the assistance well coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?

## 4.1 COORDINATION

203. In the Central African Republic, the HCT-led coordination model was questioned and its application widely criticized, especially by INGOs and global stakeholders. Operational coordination, with efforts to avoid gaps and duplications in assistance, was mostly effective, and duplications of effort in Bangui and coverage gaps at subnational level were attributable to larger problems of coverage (see Coverage, p. 84). Coordination structures included the HCT, ICC, clusters and information management but these mechanisms were weak and functioned poorly. At the same time, many stakeholders highlighted gaps in "strategic" coordination, the coordination of strategy in the HCT. The analysis relies mostly on evidence documents reviewed and interviews with United Nations and INGO actors, since national leaders and the affected population had little awareness of coordination processes. To a lesser extent, the views of global stakeholders are also portrayed.

### Coordination model

204. Some INGOs challenged the HCT-led coordinated response model, saying it was poorly defined, "a UN control mechanism," and an "empty concept." Many perceived an excess of "coordinators and talkers," a duplication of meetings and information, but too few "technically inclined implementers." Global stakeholders suggested OCHA's coordination mandate was undermined by a cumbersome United Nations system, slow to deploy and reliant on weak security analysis. In contrast, at least one United Nations respondent questioned its voluntary nature, suggesting coordination should be mandatory and contractual among INGOs to enable accountability. Since 1991, the international community has emphasized coordination in humanitarian responses,[91] and since 2011, the IASC has developed tools to strengthen the Transformative Agenda's key pillars: coordination, leadership, accountability. Coordination is considered central to meeting needs, making decisions and "negotiat[ing] priorities and resources in a rational and cooperative manner".[92]

205. Coordination in its widest sense received very mixed reviews in the Central African Republic. Most stakeholders (40/69) believed "overall coordination" made an important contribution to the response's success, rating it higher than any specific aspect of coordination listed. Indeed, they rated it on average 6.6/10, clearly above needs assessment (6.3), gaps filled and duplication avoided (6.2), empowered leadership (6.2), preparedness (5.9), strategic planning (5.8) and monitoring and evaluation (5.4). Some United Nations actors reported operational coordination through the 3Ws tool was effective, as was cluster coordination. National actors believed coordination was a major success. The OPR found both strengths and weaknesses in coordination.

206. Operational United Nations, INGO, and global stakeholders all highlighted weaknesses in overall coordination. United Nations actors recognized multiple coordination problems, linked to human resources (a "chaotic influx of surge staff" and a "slow learning curve"), coordination mechanisms, geographic scope, and lack of buy-in to strategic objectives. INGOs were most critical of overall coordination in the Central African Republic, and in particular of its United Nations leadership, which they considered too slow, bureaucratic and political. They also

[91] See United Nations General Assembly resolution 46/182, 'Strengthening of the coordination of humanitarian emergency assistance of the United Nations' (78th plenary meeting, 19 December 1991).

[92] IASC (2013c).

objected to the "unacceptable" rapid turnover of United Nations coordination staff; OCHA's "excessive" capacity without tangible added value; and disproportionate investment in coordination (except at the operational, cluster, level where it was sorely lacking), compared to operational gaps and what many considered the most important work of "getting your hands dirty – in the field." With rare exceptions, such as Kouango, United Nations coordination was perceived as Bangui-centred. INGOs spoke highly of the CCO [NGO coordination platform], which they report was created in March 2014 to compensate for perceived United Nations coordination gaps. Global stakeholders also doubted the coordination, expressing many more negative views than positive.

## Coordination structures

207. Operational actors took steps to establish coordination mechanisms. The SRP 2014 planned a key role for a coordination cluster (to strengthen coordination mechanisms, advocacy and security management). The HRP 2015 described coordination mechanisms – HC/HCT, ICC, clusters and coordination functions – subregional coordination, coordination with the government and coordination with MINUSCA. Global stakeholders appreciated the fact that coordination structures were set up rapidly. Yet the coordination architecture was beset by weaknesses.

208. The HCT did not function well for most of the period. In early 2014, the OPR observed weaknesses of its functioning in multiple areas, noting it was reactive and hesitant and lacked timely information or specialized advice. HCT meetings after the declaration of the L3 emergency began addressing more strategic issues, but they reached decisions without reporting the rationale. Some decisions were made outside meetings (i.e., bilaterally). HCT meetings were attended by few organization representatives and cluster coordinators. Its decisions were not clear. Organizations trumped collective interests, and prioritizing was poor. The OPR recommended a review of the HCT functioning, to reinforce information flows and links with the UNCT. By mid-2015, there was little evidence of improved functionality. United Nations actors observed division and animosity between INGOs and the United Nations, and too much "non-practical" discussion. INGOs suggested some improvements. Others called the HCT chaotic, and pointed to its failures to act strategically in Yaloké.

209. The inter-cluster coordination (ICC) did not function well either. United Nations actors pointed to weaknesses in the ICC, which did not support the HCT with strategic guidance or allow for integrated approaches across clusters. In early 2014, the OPR observed that weaknesses in the ICC led to a proliferation of bilateral operational meetings, and suggested it was good practice to hold regular cross-cluster, issue-based meetings and fewer cluster meetings. The OPR also suggested streamlining meetings by appointing executive committees. There is no evidence that this has happened.

210. United Nations and national actors felt cluster coordination was effective, but the cluster system was strongly criticized by INGOs. The OPR reported that clusters were strengthened and streamlined following the L3 declaration, but held too many meetings, which absorbed too much capacity, monopolized too many participants and raised questions about effective leadership. Operational actors said there were too many clusters. Most INGOs were unhappy with the United Nations cluster system as a coordination mechanism. One INGO said, "Clusters should be annihilated…they don't work. They are prescriptive, myopic, top-down, they stifle all originality and effort and they aim only to be self-sustaining. They do not ask themselves why they are there." More constructively, another INGO said effective clusters depended on leadership that was "dynamic, technically inclined and equipped for decision-making."

211. Global stakeholders and operational actors also highlighted weaknesses in information management, which refers to gathering and sharing data on needs, locations and organizations. OCHA produces standard information products to support coordination, including the Who

does What Where (3Ws) database, contact lists and meeting schedules. While many INGOs considered information management as central to coordination, they felt it worked poorly in the Central African Republic, saying OCHA "was not proactive about information capture, updating and dissemination." At the same time, it is also important to stress the interconnectedness of the system with regard to information management; in fact, OCHA relies on clusters and other partners to be effective in this regard. INGOs also noted inefficiencies and failures in information flows – for example from ICC field meetings to ICC in Bangui. Global stakeholders considered information management to be extremely weak and "unidirectional."

## Operational coordination

212. Many stakeholders (32/69) believe efforts to prevent gaps and duplication ("gaps filled and duplication avoided") made an important contribution to the response's success, with United Nations and national actors being more positive than INGOs. While strategic coordination is expected at OCHA level, operational coordination is assured at the cluster level. For OCHA, a means for enabling coordination is the 3Ws mapping, which is intended to identify overlaps and gaps. But INGOs pointed out its weaknesses: the maps were difficult to access online or not updated. The OPR urged standardization of the 3Ws form and called on organizations to update it, but reported their reluctance to do so. In some cases, some members of the affected population also perceived a lack of operational coordination.

213. INGOs, global stakeholders and members of the affected population observed duplications of assistance. INGOs all reported duplication in Bangui and to a lesser extent in the western region, where assistance was concentrated. They felt it was "the inevitable result of a concentration of actors who genuinely did not want to leave the 'comfort' of Bangui to go to the hinterland." Where duplication was avoided, INGOs attributed this success to collaboration among INGOs in the field instead of United Nations coordination. Some INGOs promoted the notion of geographic "assignment," where one set of operational actors, along with the government and sometimes with an INGO, provided integrated services across several sectors in specifically defined prefectures.

214. Operational actors also observed "geographic" assistance gaps at the subnational level, as well as some sectoral gaps due to inadequate funding or weak strategy. INGOs made their strongest criticism over geographical gaps outside Bangui, but United Nations actors attributed some of this concern to the limited geographic scope of most INGOs, who deny responsibility for comprehensive coverage – a "moral hazard," in the words of one. Global stakeholders also perceived geographical gaps outside Bangui, e.g., a lack of food/non-food items assistance for some populations. Subnational gaps were highlighted in the SRP 2014 and the OPR. In some cases, national leaders reported that the presence of a subnational coordination body (OCHA in Kouango, IOM in Boda) enabled well-coordinated assistance delivery and prevented duplication or gaps.

## Strategic coordination

215. Many stakeholders spoke of gaps in "strategic" coordination. INGOs felt the response was "micro-oriented from the start"; stuck in a "myopic" emergency mode; and lacked attention to development solutions, regional coordination and a comprehensive vision for IDP and refugee return. Global stakeholders also perceived no coordinated long-term macro-vision. United Nations actors recognized a lack of buy-in to strategic objectives. Other stakeholders noted OCHA weaknesses and confusions between the HC's strategic coordination role and OCHA's operational coordination role.[93]

216. Bangui-based United Nations-led coordination activities absorbed considerable capacity, and their value was strongly challenged by INGOs and global stakeholders. Basic operational coordination or "collaboration" worked well enough, but key coordination mechanisms

[93] Norwegian Refugee Council (2015).

worked poorly despite generous funding, and strategic coordination remained a significant gap. Coordination was an important factor for effectiveness (see Factors below) and left considerable room for improvement.

## 4.2 FACTORS

217. The most important factors of effectiveness were the L3 mechanism, international peacekeepers, overall coordination and operational programmes. Coordination was often qualified and contrasted with "real" operational work by individual organizations. Both external and internal barriers to effectiveness were widely cited, including multiple barriers that might be addressed by strategic risk management. Stakeholders generally recognized the importance of process elements like needs assessment, avoiding gaps and duplication, and empowered leadership, but felt that preparedness, strategic planning and monitoring and evaluation had contributed less to success.

### Factors of effectiveness

218. The L3 capacity surge mechanism was the most widely cited factor of effectiveness in the humanitarian response. United Nations actors highlighted the L3's importance in increasing capacities and funding for the response, as well as commitment and support from United Nations Headquarters. INGOs pointed out the L3's importance in attracting staff and funds. Without naming the L3, national actors highlighted the importance of new funding and the increased presence of international actors. Despite the L3's importance, national leaders and people affected were not generally aware of it. Global stakeholders stressed the importance of global 'advocacy' led by the Emergency Relief Coordinator and OCHA to trigger the L3 declaration.

219. International peacekeepers were another much-cited factor. United Nations and INGO actors emphasized the important role of military forces, including the belated deployment of MINUSCA in October 2014. United Nations actors recognized the role of all peacekeeping forces – the Sangaris, EUFOR and MISCA – in bringing greater stability; but they stressed especially the role of MINUSCA in gradually increasing security, providing protection of civilians, expanding humanitarian presence and access, reaching pockets of people in need, allowing greater access to basic services and interacting with humanitarians in the field.

220. Overall coordination was also considered an important factor of effectiveness but with certain qualifications. A clear majority of all stakeholders (40/69) believed 'overall coordination' made an important or very important contribution to the response's success. Stakeholders found it more important than secure access (32/69), Accountability to Affected Population (28/69) and national and local ownership (18/69). In interviews, United Nations actors stressed the importance of "good coordination," suggesting not all coordination activities contributed positively. Global stakeholders highlighted the appointment of a Senior Humanitarian Coordinator, more than coordination itself. Not all stakeholders praised coordination efforts: national actors felt coordination was important, but INGOs did not stress it. The polling exercise showed further nuances, with United Nations actors rating overall coordination as more important than INGOs did, and leaders of the affected population rather unsure of its importance. Stakeholders rated overall coordination as more important on average (6.6/10) than any element of coordination, perhaps suggesting the principle was more important than its practical applications.

221. Operations and activities of key organizations were also cited as important factors, often in contrast to coordination. Global stakeholders highlighted the willingness of some organizations to take risks. United Nations actors stressed the largest United Nations and INGO operational organizations and their implementation of mandates. National actors pointed to the involvement of national actors that knew the country.

## Notable barriers

222. External barriers to effectiveness were also highlighted. INGO actors referred to inadequate funding, global competition for funding, insecurity, the absence of a State and lack of development. Global stakeholders referred to unchecked rights violations. People affected recognized that insecurity and impassable roads were key barriers.

223. Others stressed internal barriers to effectiveness, including barriers to be addressed by strategic risk management. Global stakeholders cited a lack of United Nations strategy ("short-term thinking"), of timely analysis and needs assessment, of security risk management by UNDSS and of coordination with diplomatic actors. United Nations actors pointed to the lack of a galvanizing global narrative, of a regional humanitarian approach (enhancing communication and coordination with neighbouring countries) and of civil society involvement. INGO actors observed multiple human resources problems, including poor leadership, low experience and high turnover of United Nations staff. Affected people referred primarily to operational barriers to effectiveness, aid agency weaknesses and poor deliveries by aid workers, including partiality and diversions.

224. Stakeholders recognized the importance of some elements of the coordinated Humanitarian Programme Cycle (HPC) process, especially indicating needs assessment (35/69), avoiding gaps and duplication (32/69) and empowered leadership (31/69). Stakeholders found strategic planning (15/69) and preparedness (11/69) somewhat less important in the country, and considered monitoring and evaluation the least important, with only 37/69 unsure. In general, United Nations actors considered HPC elements more important to success than did INGOs, who highlighted operational factors, such as safe access, Accountability to the Affected Population, and national and local ownership.

225. The response's successes depended most on capacity surge (L3), securitization (peacekeepers), overall coordination, and delivery operations (assistance). This hierarchy challenges the emphasis on the essential role of coordination in effectiveness[94] and the counter-assertion that operations are the most important element, and generally supports the IASC's proposition that leadership, coordination and accountability are key factors.[95] Leadership was considered essential to coordination, and it was believed that the importance of the HPC[96] could have been greater with better M&E, strategic planning and preparedness.

[94] 'Strengthening of the coordination of humanitarian emergency assistance of the United Nations'.

[95] In December 2011, IASC Principals agreed to a Transformative Agenda, founded on three pillars: leadership, coordination and accountability.

[96] The fifth TA Protocol relates to the Humanitarian Programme Cycle (HPC), which is defined as a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response.

# 5. IASC PRINCIPLES AND GUIDANCE

IAHE Guidelines Question 4:

➔ To what extent were IASC core humanitarian programming principles and guidance applied?

## 5.1 L3 MECHANISM

226. Despite misunderstandings about its purpose, the application of the L3 mechanism was highly effective in the Central African Republic, and was seen by many actors as the key factor of success. The L3 had a large positive impact on mobilizing resources for a much scaled-up response, and it activated enhanced IASC processes, which enabled the body to identify and address capacity gaps. Still, it brought human resourcing challenges, perpetuated itself instead of preparing transition, and was often 'misused' as a fund-raising tool. The voice of the affected population was absent from discussion of the L3.

227. The L3 was declared at an acute phase of the complex emergency and protracted crisis, on 11 December 2013 few days after anti-balaka forces attacked Bangui, resulting in mass displacement of around 500,000 people.[97] The L3 was extended three times until May 2015. Some global stakeholders trace its origins to the high-level country visits of the IASC emergency directors in October 2013, which they believe pressed the United Nations and the Government of the Central African Republic to find solutions and step up to the challenge. Médecins Sans Frontières believes its letter to the Emergency Relief Coordinator of 12 December 2013 was instrumental not in triggering, but in calibrating the L3.

228. Above all, the L3 had a large positive impact on mobilizing resources for a much scaled-up response. Documents show the L3 led to increased field presence and operational actors (from 47 in 2014 to 105 organizations in 2015). The Inter-Agency Rapid Response Mechanism (IARRM) brought a rapid surge of senior experienced humanitarians, providing many new people to manage the response. United Nations international staff increased sevenfold within three months (from 49 to 385). Operational actors greatly appreciated the L3, noting its positive role in increasing attention, funding and capacity to deal with the crisis. United Nations actors believe it significantly increased human resources, expertise and coverage. INGOs feel it was well applied, as "people and money came to [the C[entral] A[frican] R[epublic] as never before." National actors appreciated the L3 for increasing the volume of assistance, operational presence, financial resources, coverage of geographic areas and access to people in need. They also feel it strengthened national capacities and the participation of national stakeholders. Global stakeholders also agree that the L3 was pivotal in bringing attention, funding and human resources to the country.

229. The L3 activated enhanced IASC processes, enabling the body to identify and address capacity gaps. It 'triggered' the deployment of a Senior Humanitarian Coordinator (SHC), the launch of a MIRA and joint needs assessments in the most affected areas (December 2013). At headquarters, it led the IASC/Emergency Directors Group (EDG) to establish an agenda of special measures, gaps to be addressed and 'step-change actions' to track. In August 2014, the EDG sought to increase surge capacity through the IARRM, especially outside Bangui; to advocate with donors and INGOs for more presence; and to improve field conditions/logistics. In February 2015, the EDG demanded a plan showing scale-up requirements; noted a doubling of INGO presence (despite too much reliance on surge staff); and cited improved delivery outside Bangui since mid-2014 due to strengthened IARRM and United Nations staff presence in 37 locations.

[97] Humanitarian Country Team (2014a).

230. The L3 brought human resourcing challenges. Operational actors highlighted its disruptive effects on human resources, complaining that surge staff were concentrated in Bangui and in coordination activities, that deployments were erratic and short term, that United Nations organizations suffered a high turnover and that planning and recruitment for transition was lacking.[98] Global stakeholders highlighted the inadequacy of human resources, noting that the L3 was relatively unsuccessful in rapidly attracting the right profiles of humanitarian actor (i.e., French-speaking with experience in emergencies) and in triggering a 'paradigm shift' in the response.

231. The L3 perpetuated itself instead of preparing for transition. The mechanism was extended three times from December 2013 until May 2015, based on majority voting in the HCT and the EDG. The aim of the extensions was to reinforce the response capacity and advocate for scale of needs.[99] The L3 remained active for 18 months, three times the intended maximum of six months that is usually needed to address a sudden capacity gap arising from an acute event. Operational actors expressed concern about the lack of an exit strategy, difficulties in sustaining the L3's impact, and large human resources deployments "replacing" the State. United Nations actors said that it was unclear when to end the L3, especially as organizations developed an interest in maintaining it even though funding benefits began to decline. INGOs expressed confusion about which actors could declare an L3, and why some sectors (i.e., FAO) could "sustain an L3 in isolation."

232. The L3 was often misunderstood and used as a fund-raising tool. United Nations representatives stressed that operational actors remained unclear about the L3 declaration's purpose, seeing it as a means of highlighting the scale of the emergency and attracting global visibility and funding, instead of as a means of highlighting a response capacity gap to be filled by organizations. INGOs also observed that the L3 was misunderstood as an advocacy or fund-raising mechanism, many of them seeing it as a public statement to the international community. In the words of one INGO, "the problem with the L3 is that many donors link their funding schemes to it." Global stakeholders also observe that the L3 was misunderstood and misused as a way (often successful) to attract media attention.

233. Evidence shows that the L3 mechanism was critical to effectiveness, because it mobilized much greater financial and human resources to scale up, engaged the IASC/EDG to implement special measures, and turned an HC/HCT-led response into a system-wide response. These positive effects overshadowed the L3's 'misuse' by organizations as a fund-raising mechanism and its self-perpetuation for 18 months, a full year beyond normal transition efforts. The mechanism seemed best designed to address the acute phase of the country's emergency, but poorly adapted to address the larger complex and protracted crisis that continued unabated.

## 5.2 LEADERSHIP

234. The application of empowered leadership in the Central African Republic was mainly successful at the HC level, but far less successful at the HCT level. In general, efforts at empowered leadership contributed to the response's effectiveness, and the appointment of a Senior Humanitarian Coordinator (SHC) contributed significantly. At first, the SHC deployment was critical to making improvements, but later it suffered from structural weaknesses. HCT leadership remained inadequate during much of the response, and was undermined by that body's functioning.

235. In general terms, empowered leadership contributed to the response's effectiveness. Stakeholders tended to believe that "empowered leadership" made an important contribution to the response's success, with 31/69 clearly agreeing that it did, 30 unsure and 8 disagreeing. There was little disagreement on its importance between the United Nations and INGO

[98] IASC (2014e).

[99] Humanitarian Country Team (2014).

respondents. National actors also expressed their appreciation of principled "leadership" in the humanitarian response.

236. The appointment of a SHC contributed to success. Global stakeholders reported that the deployment of a first SHC was critical to improvements in the response; it provided a vision for scale-up and coordinated the 100 Day Plan in time for the Brussels donor conference. They also considered the SHC critical to the evacuation of Muslims from PK12,[101] and to coordinating responses to M'Poko and Yaloké, advocacy for IDPs, and monitoring hotspots – all of which required a strong leader to uphold protection in the face of divergent government positions.[102] Operational stakeholders note that the L3 significantly strengthened leadership by deploying a SHC and activating the "empowered leadership" protocol, despite a lack of suitable candidates in the SHC pool. The SHC was appreciated for bringing improvements, including weekly field visits, suggested as a good practice to focus attention at subnational level.[103] United Nations actors highlight how the arrival of the SHC allowed organizations to go beyond "reactive firefighting," to coordinate, organize, speak with one voice and assert themselves in relation to the United Nation's development and peacebuilding operations.

237. However, stakeholders did see weaknesses in the SHC leadership. Global stakeholders felt the leadership struggled to balance political and diplomatic commitments with the coordination of operations, investing too much time in engaging a transitional government. United Nations actors felt that the SHC leadership lacked strategic vision and a galvanizing narrative, and went too far to empower the government. Despite strong support from the IASC and the Emergency Relief Coordinator, United Nations actors believe structural weaknesses – in particular weaknesses in the HCT and the ICC, and the change of the SHC five months after the L3 – undermined SHC leadership.

238. HCT leadership was felt to be inadequate during much of the response. In mid-2014, the IASC reported that the HCT was not fit for its purpose and needed immediate strengthening, as most of its members were either ad interim or the same leaders as before the L3.[104] Global stakeholders expected a visible 'step-change' in leadership at the launch of an L3, but this did not occur, and leaders did not have the skills level to support the HCT and inter-agency response. Operational actors also reported that few representatives and cluster coordinators attended HCT meetings and emphasized the body's weak unstrategic functioning (see above), with some suggesting the leadership led to cumbersome processes and poor NGO coordination. By 2015, the IASC reported that most HCT members had appointed representatives with experience in emergency response,[105] and some INGOs saw improvements. But some United Nations actors reported that senior representatives continued to send lower-ranked staff to the HCT, and some INGOs saw a declining quality of HCT leadership and experience in 2015.

239. Leadership had a mixed impact on effectiveness in the Central African Republic. The quick deployment of a SHC greatly increased the coordination of a response that hitherto lumbered in "reactive mode," and an empowered leader clearly helped with making decisions instead of relying on HCT consensus. Nonetheless, the SHC leadership was undermined by a poorly functioning HCT, ICC and information management. In a complex emergency and protracted crisis like that of the Central African Republic, it would be more appropriate to have a SHC for a sustained period instead of deployed quickly for a short time.

[100] The IASC's concept of empowered leadership provides for: 1. The HC to take decisions on behalf of the HCT in circumstances where there is no consensus, and where a delay in making a decision could have a serious effect on the welfare of people for whom the humanitarian operation exists. 2. The HC to have quick access to all key information on the nature of the crisis, the needs and the response, in order to lead the HCT in the development of a common analysis of the situation and priority needs, as well as to better coordinate the use of that information for advocacy and for a better response.

[101] IASC (2014). Emergency Directors Meeting: 'Central African Republic, Final Discussion Paper on Classification of the Crisis', 29 August 2014.

[102] IASC (2015). 'Central African Republic, Final Background Paper: CAR L3 Response Status', 12 February 2015.

[103] IASC (2014e).

[104] IASC (2014).

[105] IASC (2015).

## 5.3 HUMANITARIAN PROGRAMME CYCLE

240. In general, application of the HPC was disappointing. The HPC process generated little interest among operational actors, who considered it an inefficient burden, and it was poorly understood by response coordinators and surge staff. This overall assessment should be considered alongside assessments of its various elements (see below), recalling that all assessments rely on scant evidence from institutional actors and not on the affected population.

241. The HPC process generated too little interest, participation and ownership. Operational actors felt the HPC was imposed by the IASC/emergency directors, that it was Headquarters- or OCHA-driven, and that it served external audiences.[106] INGO actors considered the HPC of little importance, "a UN device for making itself important" with little effect on funding or staffing, at best a starting point for dialogue that required contextual adaptation. National actors did not participate in the HPC and knew little about it, although they generally appreciated participating in the response process. Some global stakeholders also questioned the HPC's applicability in the Central African Republic.

242. The HPC was also considered heavy and duplicative. Operational actors felt the HPC was imposed on an existing planning cycle by the IASC/emergency directors, without enough awareness or agreement on its timeline.[107] United Nations actors observed that the HPC was "too heavy," "too much work for the clusters and OCHA," "unworkable," "too sophisticated" and "not field-friendly." Some complained that Headquarters interventions such as the HPC always fell to the same few people, imposing excessive burdens and concentrating responsibility. Others felt that the HPC was poorly adapted to the country situation and chronic emergencies. INGOs expressed similar views that the HPC was too complex and needed to be simplified, that IASC tools "changed too often," and that the IASC Guidelines were "like a library (…) good to have as a reference, even if I never refer to them or use them."

243. The HPC was poorly understood by coordinators. United Nations actors recognized that it was not well known to the HCs or OCHA managers, and global stakeholders felt the knowledge gap was why the HPC did not work well. Others observed that it was not yet well understood by those designated to implement it and was applied prematurely. More broadly, surge staff lacked adequate knowledge of the HPC and IASC protocols.[108]

244. Implementing the HPC remained an important challenge and an opportunity. Its application was disappointing because all steps in the process were carried out with considerable time and effort, and this helped resource mobilization, but it did not contribute tangibly to effectiveness, speed, efficiency, transparency, accountability and inclusiveness. As explained below, collective needs assessment was undermined by weak needs assessments, while strategic planning and performance monitoring were important weaknesses. These weaknesses also offered key opportunities for improving coordination and overall effectiveness.

## 5.4 PREPAREDNESS

245. Preparedness was a major weakness in the Central African Republic, with stakeholders doubting its contribution, weaknesses in contingency planning and ongoing preparedness challenges. Part of the problem was structural, raising questions about whether preparedness should be part of the HPC or rather a responsibility for development actors before the outbreak of an emergency. This question is limited by a lack of understanding of preparedness among operational actors. In fact, the IARRM assures aspects of preparedness (pre-positioning and early warning for early action) during the humanitarian phase.

246. Stakeholders were far from convinced about emergency preparedness, with less than half of those polled (31/69) believing it made an important contribution to effectiveness. National

[106] IASC (2014e).

[107] Ibid.

[108] Ibid.

leaders were the least convinced. Global stakeholders felt that warnings about rising tensions and the need for emergency actions were not heeded. INGOs reproached OCHA for a lack of proactive preparedness prior to the crisis.

247. The application of preparedness left room for improvement, especially in contingency planning. The OPR found that preparedness was reactive and atomized in clusters, recommending that the HCT should lead comprehensive contingency planning, including pre-positioning of food supplies. It found the last countrywide contingency planning had been done in March 2013, and worried about delays to a contingency plan for 2014's upcoming rainy season. Long-standing INGOs in the country reported hearing about contingency plans prior to the crisis, but they saw no visible attempts to anticipate or avert an emergency. United Nations actors stressed that a contingency plan needs leadership, suggesting that this was lacking in HC/HCT.

248. Despite efforts at improvement, preparedness remained a challenge. United Nations actors reported that OCHA used contingency planning as its main tool for strategic risk management, including ad hoc analyses of protection risks and protection gaps. But INGOs believe preparedness remained slow with regard to response and protection, as well as the return of IDPs. Some global stakeholders believe the response remained reactive, with gaps in preparedness "cascading" from one location to another in the country.

249. Preparedness was further complicated by structural gaps. Preparedness is not mentioned in needs assessments or strategic planning documents. United Nations actors reported that the initial crisis during the Séléka's military advance was so unpredictable that it overtook organization planning. INGOs pointed out that there was no conflict early warning system, and wondered how preparedness could be built without adequate data. Global stakeholders observed that preparedness must be in place before a crisis. There is a need to define who is responsible for preparedness – the government, development actors, the HC/HCT and/or OCHA – and review its place in the HPC.

250. The response did little to strengthen capacity-building and early warning systems, or to enact the five elements in an HC-led preparedness process: risk profiling, early warning monitoring, minimum preparedness actions, contingency response planning and standard operating procedures for emergency response.[109] Preparedness before 2014 could have significantly increased effectiveness, and preparedness would strengthen any future response.

## 5.5 NEEDS ASSESSMENT

251. Collective needs assessment and analysis was fairly successful, and stakeholders were most favourable about this aspect of the HPC. Both IASC assessment tools (the HNO and the MIRA) were applied. These allowed for analysis and prioritization, and the IARRM allowed some timely assessments. Yet questions were raised about the quality of needs assessment, stakeholder involvement and evolving needs (see Relevance, p. 52). This analysis is limited by the small number of respondents involved in collective needs assessment.

252. Half of the stakeholders polled (35/69) felt that needs assessment made an important contribution to effectiveness, ranking this aspect of the HPC process higher than all others; INGOs and national leaders were notably less convinced.

253. Needs assessment tools, including the HNO and the MIRA, were applied. In 2013, stakeholders found the regular HNO 2014 process very useful as it found data gaps to be addressed. Using purposive sampling, the MIRA assessment was conducted in the most affected areas, with OCHA coordinating the needs assessment in most affected areas (both rural and urban areas), while IOM provided information on IDP sites.

254. Needs assessments informed strategy through priority setting. Based on needs assessment, the SRP 2014 highlighted five key needs to address, and the HNO 2015 identified three areas of need

[109] IASC (2013c).

and prioritized them according to vulnerability/risk criteria. The MIRA disaggregated primary data by gender and used the data to define the scope of interventions and to inform Common Humanitarian Fund (CHF) decisions. More than an operational document, it was useful to actors as a strategic reference.

255. The UNICEF Rapid Response Mechanism (RRM) also allowed timely needs assessments where data were lacking. INGOs appreciated the RRM for its needs assessment element, but voiced concerns about evolving needs that were difficult to capture (see Relevance, p. 52).

256. Questions remain about the quality of needs assessment and the MIRA. Global stakeholders doubted whether the MIRA offered a systematic and credible assessment since it was undertaken in only five days in affected areas, with limited capacity and only a month after the L3 was declared. Some United Nations representatives doubted the quality of needs assessments, saying they were undermined by the lack of a baseline and of quality data, weak indicators, gaps in protection data and monitoring challenges. In 2015, the needs assessment methodology changed, from counting and targeting displaced populations along axes, to counting and targeting accessible populations in sub-prefectures. Operational actors suggested that more use could be made of sector data if they were aggregated and compared, and of in-depth sector-wide needs assessments.[110]

257. The needs assessment process did not widely involve stakeholders. National actors reported receiving training on needs assessment, but INGOs were not very engaged in inter-agency assessment, and few reported knowing about the MIRA, even though both INGOs and NNGOs were official partners. INGOs conducted needs assessments for their programmes at their levels. Some said needs assessments were mainly cluster driven. "If we are doing our job as NGOs, the needs of the affected populations should be well captured and included in the SRP," explained a cluster representative, suggesting their role was limited to contributing data on needs. Few members of the affected population were aware of needs assessments being conducted.

258. Collective needs assessment was a relative strength for the HPC. The MIRA and the HNO provided a collective output to inform strategic prioritization, but needs assessments were not always coordinated, rapid, repeated, or inclusive of all stakeholders.

## 5.6 STRATEGIC PLANNING

259. Strategic planning was highly inadequate in the Central African Republic, as pointed out by many stakeholders. The SRP process helped resource mobilization, but it was poorly managed and burdened by IASC expectations. It resulted in unknown objectives, generated confusion and missed the opportunity to offer solutions. A revised SRP, building upon the earlier SRP and the December 2013 100 Day Plan, was produced in January 2014. The HRP 2015 appeared in December 2014 and addressed four problems: emergencies, PoC, chronic crisis and sustainable solutions.

260. Less than half of the stakeholders polled (32/69) believe strategic planning made an important contribution to effectiveness, and quite a high number (15/69) believe it was not important. INGOs and national leaders were far less convinced of its importance than the United Nations and national actors.

261. The planning process was poorly managed and weighed down by IASC expectations. Strategic planning was complicated by IASC/emergency director requirements for the HPC, the MIRA and preliminary strategic plan as well as the 100 Day Plan for the donor conference in Brussels. While the 100 Day Plan was considered useful as an emergency tool (helping to focus on scale-up requirements), it felt imposed upon the existing process that resulted in the SRP.[111] These duplicative requirements tied up the HCT and cluster capacity in continual needs analysis and planning activity from August 2013 to January 2014, detracting from the response activities.[112]

[110] IASC (2014e).

[111] Ibid.

[112] Ibid.

Most INGOs complain that the SRP was a time-consuming "UN product." Global stakeholders also viewed the planning as chaotic, some blaming it on poor leadership.

262. The planning process failed to establish shared objectives in 2014. United Nations actors used an inclusive process; national actors participated and received training, as did United Nations-funded INGOs. But most stakeholders showed only vague awareness of the strategic objectives. Many INGOs saw it as a "UN" instrument, "a waste of time," with little added value. The SRP 2014 took several weeks to be produced but was insufficiently informed by context or consultation with government and populations. Planning processes seemed to serve outside audiences instead of promoting a collective vision (OPR).

263. The SRP generated confusion about strategy. With its range of different strategic objectives and indicators, few measurable (only the revised SRP offered measurable indicators), the process resulted in confusion over which plan to use. Many INGOs were unclear about the strategy, vacillating between the 100 Day Plan and the two or three different versions of the SRP. Global stakeholders also worried that strategies among the HRP, SRP and 100 Day Plan were never clear, prompting actors to refer to checklists instead of strategy.

264. The SRP offered no solutions to the emergency. Operational stakeholders noted that the SRP missed the chance to envision durable solutions for the crisis, although this is not one of the purposes of the SRP. Some global stakeholders worried about a lack of effort to hand over planning to national counterparts. United Nations actors, many adamant that there were no counterparts to hand over to, also worried that an inclusive process expanded objectives into the "grey zone" of development.

265. The SRP served resource mobilization, and some operational actors felt resource mobilization was its main utility. Some INGOs reported the SRP was extremely useful as a lobbying and fund-raising mechanism, and that other actors used it as a public relations tool to attract funding, regardless of their own contribution. Nonetheless, donors at the Brussels donor conference questioned the feasibility of the SRP 2014, given security and access problems. They were confused by its shift to activity-based costing.[113]

266. Strategic planning was an area of weakness and a key opportunity for improving coordination. As instructed by the HPC, the HC/HCT went through the 30-day process of producing a joint situation analysis, a strategic statement, a preliminary response plan and a Strategic Response Plan (SRP). But this planning was burdensome and did not result in jointly owned objectives or a shared understanding of how organizations and clusters would achieve them, as required by the TA.

## 5.7 ACCOUNTABILITY TO AFFECTED POPULATIONS

267. The response was highly unsatisfactory in providing Accountability to Affected Populations (AAP), which was poorly applied and neglected at the strategic level. Deploying a thematic adviser alone did not fulfil the five AAP commitments, and the response struggled to make progress on each one. Leadership remained a challenge, transparency efforts were weak or focused on persuasion, participation was often inadequate (see Appropriateness, p. 51), feedback and complaints did not function well, no inter-agency complaints mechanism existed and M&E served purposes other than AAP. More broadly, the response did not listen well to the affected population, increasing the potential for frustration, fraud and violence. This assessment is strengthened by consideration of a detailed report from the AAP adviser and extensive input from members of the affected population.

268. In general, AAP was poorly applied in the Central African Republic. The SRP 2014 only mentions AAP in some cluster plans. In recognition of poor involvement and complaints, the HRP 2015 "raised awareness of AAP" among partners in field locations and committed to increasing

[113] Ibid.

**The five IASC Commitments to Accountability to Affected Populations (CAAP) are:**

1. **LEADERSHIP/GOVERNANCE:** Demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.
2. **TRANSPARENCY:** Provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organization and its affected populations over information provision.
3. **FEEDBACK and COMPLAINTS:** Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction. Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly.
4. **PARTICIPATION:** Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalized and affected are represented and have influence.
5. **DESIGN, MONITORING AND EVALUATION:** Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organization on an ongoing basis and reporting on the results of the process.

participation, communication, and "representation." However, the IAHE scoping mission found that AAP had not been "sufficiently debated at a more strategic level," and suggested that there was a need to "build from scratch a solid and realistic inter-agency approach [to AAP]." A study among the affected population found "a serious perceived lack of accountability from aid agencies towards their beneficiaries,"[114] and suggested that this was because organizations invested in meeting needs at the expense of accountability. The report urged the HCT/OCHA to improve communications with populations about the capacities, limitations and principles of humanitarian action. Global stakeholders agreed the voices of affected people were regularly lost. They cited efforts to better understand AAP (e.g., with a consultant) and sexual exploitation and abuse (SEA) reports, but nothing tangible came from these efforts.

269. AAP was notably absent at the strategic level. United Nations representatives had little to say on the subject, and showed little awareness of it at the HCT level. Some believe AAP was under way at the project level but not at the strategic level, where feedback on impact, effectiveness and performance would be useful. Others observed that the voices of people affected, especially outside Bangui, were absent from strategic decisions and suggested mechanisms to remedy this. Reasons cited for their absence were gaps in national level M&E, communications and transparency. INGO actors also showed little awareness of AAP commitments, but they claimed to be "accountable" as a routine part of their business, which involved conducting needs assessment and obtaining national/local support for every action through dialogue, networking, discussion and participation. Some associated AAP with the notion of "do no harm." The OPR

[114] IAHE (n.d). 'Mission Report: Scoping and Planning Exercise for the Inter-Agency Humanitarian Evaluation (IAHE) of the Response to the Crisis in the Central African Republic', draft, 11 March 2015.

noted AAP was integrated by organizations and some clusters, but not at the collective level, so few understood how to apply it in the response.

270. Deploying a thematic adviser was not enough to meet AAP commitments. A thematic adviser deployed in January 2014 was considered useful, but reporting lines remained outside or parallel to the response structure. The OPR urged the IASC to be more proactive in including AAP in its strategies, processes and activities. While the AAP adviser helped raise awareness and build capacity, he admitted that deploying an adviser was not enough, especially as only FAO and WFP had accountability posts. The response in the Central African Republic, he felt, required a dramatic improvement in the use of information to make decisions. In principle, he noted, an AAP adviser in-country should be an accountability adviser to the ICC.[115]

271. The response struggled to make progress on all five AAP commitments. Leadership remained a challenge for AAP. An AAP action plan, required by the IASC to be implemented within two months of the L3 declaration, was developed at the global level, but it suffered from lack of ownership, awareness and resources, so the OPR recommended developing the AAP plan at the preparedness phase in future. Next, the AAP adviser revised the plan around the five IASC commitments and sought to feed into clusters, raising awareness, providing some training and supporting CHF and FAO efforts to integrate markers in contracts, selection and reporting. With improved legitimacy, the plan was adopted in April 2014. The affected population study recommended that HCT speed up adoption of a code of conduct to address fraud and uphold humanitarian principles.[116]

272. Transparency and information-sharing was also weak and focused on persuasion as opposed to listening. Some actors recognized a need for better consultation mechanisms, but no Communications with Communities (CwC) projects or expert advisers were in place.[117] Members of the affected population also saw a need for better communication, and they generally sought more "respect" for Central Africans at all levels.[118] However, the provision of information was not seen as a priority in the country, where organizations too often assumed they knew best and needed only to persuade affected populations – for example, to convince people in the M'Poko IDP site to return.[119] Granted, the situation was not simple. There were strong reasons for which the camp had to close by September 2015 due to security concerns, and options were offered (such as relocation to another remote camp) and efforts were made to improve the conditions in areas of return.

273. As a result, participation was often inadequate, and needs were generally determined by experts. But evidence shows that they were not always right, and that participation could provide useful direction.[120] For example, members of the affected population saw a need for more support to efforts at recovery.[121]

274. The feedback and complaints mechanism also did not function well; in fact, no inter-agency complaints mechanism operated. Frustration grew in IDP sites with many humanitarian actors, but responsibilities were unclear or diluted.[122] Some organizations had their own dedicated complaints mechanisms, but they were underused, mistrusted, or inaccessible.[123] Members of the affected population frequently requested direct access to organization decision-makers,

[115] Humanitarian Practice Network (2014).

[116] Norwegian Refugee Council (2015).

[117] CwC was useful for peacebuilding and countering misinformation, essential for monitoring the response, and defined as a priority need by the MIRA.

[118] Norwegian Refugee Council (2015).

[119] Humanitarian Practice Network (2014).

[120] Ibid.

[121] Norwegian Refugee Council (2015).

[122] Humanitarian Practice Network (2014).

[123] Norwegian Refugee Council (2015).

because they did not trust field staff. It is recommended that the HPC establish a common complaints mechanism, with secure referral for serious protection and child safeguarding matters.[124]

275. Monitoring and evaluation also did not serve AAP. Communities widely complained about a lack of monitoring and follow-up, especially with regard to ensuring that assistance was distributed properly. Very few organizations had functioning M&E, and in any case it was usually disconnected from AAP. As the adviser observed: "It is not always obvious that M&E supports accountability both to donors and to aid recipients. In a long discussion with the M&E officer of a United Nations organization, communities and beneficiaries were never mentioned as a source or stakeholder in the M&E process, despite frequent prompting".[125] Members of the affected population often linked M&E to quality of aid, which is generally seen as rather negative.[126]

276. Fewer than half of the stakeholders polled (28/69) believe that AAP made an important contribution to effectiveness. INGOs and national operators were more convinced of its importance than United Nations representatives and national leaders.

277. More broadly, the response did not listen well to the affected population, an oversight that increased the potential for frustration, violence and fraud. Affected populations felt that they were not being heard by aid workers, that organization officials were difficult to contact and that it was pointless to complain. A minority of those interviewed admitted that this inaccessibility could compel them to violence. Most people consulted in the case study sites complained about the behaviour of the United Nations and NGO officials (international and national) and the coordination of humanitarian assistance. While structures were often set up to enable populations to organize themselves, there were stories of embezzlement, false names on lists, reselling aid, and lack of complaint mechanisms, leading people to consider the United Nations as complicit in some of the corruption.

278. AAP was a major area of weakness and remained a key challenge to strengthen the response's accountability and integrity. Although the response did not prioritize AAP, this was undermined by multiple expectations and a lack of clarity among stakeholders. AAP is an ethos that values empowering and listening to the people affected. It is an IASC commitment that nonetheless lacks practical guidance and it is a methodology for making humanitarian action accountable to those most affected. AAP is not tied to results, but it is widely understood to contribute to quality and effectiveness.

[124] Ibid.

[125] Humanitarian Practice Network (2014).

[126] Norwegian Refugee Council (2015).

# 6. OTHER FINDINGS

## 6.1 COVERAGE

279. Despite major efforts to scale up, coverage[127] remained unsatisfactory in the Central African Republic. Although the response increased coverage to reach people in need, the scale of targeting and funding remained insufficient, funding gaps left some sectors poorly covered, people in the bush and in host families went largely unassisted, and the focus on Bangui and western regions was contested. Stakeholders perceived a mix of external "structural" reasons and internal "strategic" reasons for insufficient coverage.

280. By scaling up, the response increased coverage to achieve important outcomes (see Outcomes, p. 62). At the global level, the IASC focused efforts on increasing capacity and presence outside Bangui to meet massive needs, address a "critical funding shortfall", and keep the country in the global spotlight.[128] Operational actors also showed a concern for increasing scale and prioritized targeting, as the HNO 2014 showed that humanitarian coverage was decreasing just as needs were increasing. In 2014, the MIRA found a need for scaling up the response in all sectors. Based on needs assessed, the SRP 2014 prioritized targeting of Bangui, the north-west and the north-east, leaving flexibility to target other areas identified by the HCT. The HNO 2015 also identified the most affected geographies and groups. As a result, capacity was found to increase, and members of the affected population recognized increased coverage.[129]

281. The scale of response targeting and funding remained insufficient to the country's needs. All stakeholders recognized the insufficiency, with some estimating that only 30–50 per cent of needs were met. All national leaders but one reported that coverage was inadequate. So serious was the problem that the protection cluster identified coverage as a protection priority over protection mainstreaming.[130] A review of SRP and FTS data revealed significant coverage gaps in 2014. SRP data show large gaps between those in need and those targeted, amounting to 700,000 people in total as well as 2.6 million in need of health assistance, 1.7 million in need of WASH and 600,000 each in need of protection and early recovery. Reduced funding in 2015 also revealed gaps in coverage, with only 30 per cent of total funding requirements covered by mid-2015. In addition, 700,000 people overall remained in need but were not targeted with assistance, as well as 900,000 each in WASH and education, and 700,000 in protection (see Tables 3 and 4).

282. The response left some sectors poorly covered. United Nations actors noted that livelihoods and early recovery needs were not well addressed. INGOs felt coverage was imbalanced across the sectors, with strong protection but weak recovery and returns, and too much coordination in Bangui but too little outside it. In 2014, FTS data show some sectors were significantly underfunded, including early recovery (6 per cent), multi-sector/refugees (2.2 per cent), CCCM (3.8 per cent), shelter/non-food items (23.3 per cent), education (33.4 per cent), protection (50.6 per cent), WASH (52.1 per cent), health (57 per cent) and food security (58.9 per cent). Early recovery suffered both under-targeting and underfunding, with 600,000 people in need but not targeted and only 6 per cent of funding requirements covered. In 2015, the best-funded sectors were coordination (42.2 per cent), education (38.1 per cent) and logistics (37.2 per cent), suggesting a donor preference for enabling, strengthening capacity and coordination.

[127] ALNAP (2006) presents coverage as a key criterion for evaluating humanitarian action, defining it as "'the need to reach major population groups facing life-threatening suffering wherever they are."

[128] IASC (2014g). 'Emergency Directors Meeting on the Central African Republic and coordination in Syria, Iraq and the region'. 22 March 2014; IASC (2015).

[129] IASC (2014e); Norwegian Refugee Council (2015).

[130] Humanitarian Practice Network (2014).

Several sectors were severely underfunded, including shelter/non-food items (3.9 per cent), interventions/refugees (5.9 per cent), nutrition (11.8 per cent) – or even less than a quarter funded: CCCM (15.5 per cent), WASH (17.4 per cent) and protection (23.5 per cent).

283. The response largely failed to assist people in the bush and in host families, partly because their needs were not properly identified or targeted, and partly because of access barriers and insecurity. United Nations actors, INGOs and global stakeholders noted that assistance was targeted almost exclusively at IDP sites and enclaves, not at people in the bush or host communities. What proportion of the population required assistance outside IDP sites and enclaves remained unclear, but global stakeholders estimated it at 70 per cent. When the response evolved into 2014 and 2015, United Nations partners provided school meals and seed protection programmes in affected communities (two of the largest programmes in the country in terms of coverage). United Nations actors explain that targeting was complicated by a lack of data about people outside IDP sites, including nomadic Peuhl people and Bayaka ('forest people') communities. People in the bush could not be reached because of insecurity, but United Nations actors confessed discomfort about including 430,000 such people in the SRP 2014 whose numbers were estimated but were neither located nor targeted. Some of these people are now emerging from the bush with high levels of malnutrition. United Nations actors also confessed that strategic difficulties and practical complexities prevented them from reaching people in host families.

284. Some stakeholders also challenged the response's focus on Bangui and the western areas. INGOs believe the response focused too much on Bangui and too little on rural areas, too much on western parts of the country, with almost nothing in the north-east despite needs identified in the SRP. Some INGOs questioned the needs distribution and mapping process, saying it was "never confirmed at high levels," and they rejected the notion that population density should dictate coverage. Some also questioned why small populations in Yaloké and other enclaves received protection greater than larger areas elsewhere. National actors noted that assistance was targeted at secure and accessible areas. They cited many examples of areas reached late or not at all, including Kouango, the Bouca-Damara axis, and areas in the north and east of the country. Global stakeholders also believe the response was focused on Bangui, leaving large areas outside the capital with no assistance.

285. Stakeholders cite a mix of reasons for insufficient coverage, including structural factors such as insecurity and poor access, and strategic factors such as poor choices and leadership failures. Global stakeholders pointed to insecurity, insufficient international attention, inability to attract the right personnel and lack of urgency. Operational actors pointed to inadequacies in funding, field presence, advocacy on unmet needs and investment in delivery.[131] United Nations actors highlighted a lack of physical access to remote rural areas, and insecurity in the north-east that led to the deaths of some humanitarians.[132] Médecins Sans Frontières complained of the withdrawal of organizations that ignored the scale of the 2013 crisis; the L3, they say, was "too little too late".[133] National leaders highlighted insecurity, and also blamed MINUSCA for failing to ensure safe access to all areas in need; it was "scandalous given the volume of UN funding received," one noted. Members of the affected population blamed both external barriers (access, funding, data) and internal factors.

286. Coverage, reaching people in need, remained the response's greatest challenge for reducing suffering. The response made great efforts to meet needs at scale as required by the TA and L3, and greatly increased coverage as a result, but coverage was less than satisfactory because of problems with targeting and strategy as well as funding, insecurity and access. Where needs could not be met, advocacy was not systematically conducted to mobilize additional support.

[131] IASC (2014e).

[132] OCHA (2014f); According to one comment received, United Nations organizations were operational in this response due to the lack of NGO presence in remote field locations, their slow return following evacuations, and their limited capacity and experience.

[133] Humanitarian Practice Network (2014).

## 6.2 SPECIFIC NEEDS

287. Coverage of specific needs was also inadequate. In assistance to populations, the specific needs of vulnerable groups, such as people with disabilities, were not addressed. The response systematically underserved people with disabilities, as well as boys and young men, older people, people without families (including widows) and other groups with particular vulnerabilities.

288. Specific needs were not addressed within populations assisted. Vulnerability analysis showed that non-access to basic services is a key factor,[134] so the HRP 2015 sought to boost access to services and livelihoods for the most vulnerable communities, particularly displaced people. But analysts found weaknesses in needs assessments linked to the specificity and severity of needs.[135] United Nations actors recognized that specific needs within communities were not systematically addressed, including people with disabilities, women and victims of sexual violence, and older women without families (sometimes seen as 'witches'). Some United Nations representatives identified huge gaps in addressing the specific needs of young men, vulnerable boys and older people as well. Reasons given for this gap was a lack of funding for sex and age disaggregated data (SADD) and "analysis," and the absence of specialized providers. National actors noted that wider protection was provided to women and children.

289. The specific needs of people with disabilities (PWD) were not met. In April 2015, Human Rights Watch reported that PWD in IDP sites faced difficulties accessing sanitation, food and medical assistance; that with inadequate funding, aid organizations were unable to address the specific challenges faced by people with disabilities; that none interviewed were systematically collecting data on people with disabilities; and that their needs were not fully included in the organizations' programming.[136]

290. Members of the affected population widely recognized the existence of unmet needs and vulnerabilities. The case studies report on groups of people with specific needs who were not systematically targeted: older people, people with disabilities, youth and pregnant women. The testimony from Philomène below paints a vivid picture.

> *"I was shot by a Séléka with gun. I still suffer and can't get medicines. The bullet went into my backside and came out of my stomach. I had an operation at the hospital. My bladder was damaged and some intestines removed. (...) Now I have to follow a strict diet. I can't eat manioc, only light things. But where to find it? I have no money. Since I'm disabled, my children stay near me to help me with various tasks [and do not attend school]. (...) There has been no identification of my disability, and no special assistance. No one has asked me. Things are much more difficult for me. However, there are others with injuries and disabilities. Some suffer worse situations. One person has amputated legs and cannot get food [begins weeping quietly]. Older people and orphans suffer most if they have no one. (...) Humanitarians should address the real problems: people with disabilities and older people. They should directly help the real victims, people injured, who lost their houses, and who lost their families. These people need more help than the people who no longer have access to their fields or who lost their livelihoods." (Philomène, 26, Site Sangaris, Bambari)*

291. Coverage of specific needs was an important gap in the response. Concerned to scale up, the response paid too little attention to collection and analysis of SADD, and to identification and targeting of specific needs and vulnerabilities. Like most humanitarian responses, the response targeted predefined groups, especially refugees, IDPs and children, and it struggled to target vulnerabilities. Although these groups certainly had protection and other needs, this falls short of requirements for equity, inclusion and impartiality.

[134] OCHA (2014). '2015 Aperçu des besoins humanitaires République Centrafricaine', October 2014.

[135] IASC (2014e); Humanitarian Practice Network (2014).

[136] Human Rights Watch ( 2015). 'Central African Republic: People With Disabilities Left Behind,' 28 April 2015.

## 6.3 SECURE ACCESS

292. Actions to secure access and maintain humanitarian space were unsatisfactory, but they showed signs of improvement in 2015. Insecurity greatly restricted access during 2014, although other "strategic" barriers were also important. The response relied on international forces for secure access while insisting on humanitarian independence, a paradox identified by affected people and armed actors. In addition, poor security management limited the use of humanitarian space, and organizations that relied on their own security protocols enjoyed best access.

293. Stakeholders expressed mixed views on the importance of secure access. Almost half of those polled (32/69) felt that secure access made an important contribution to effectiveness, but nearly the same number were unsure (27/69). INGOs were notably more convinced about its importance than United Nations actors. Most INGOs agreed the weakest part of the response was "humanitarian access outside Bangui."

294. Insecurity restricted access most significantly during 2014. Operational actors reported access was blocked by insecurity and impassable roads in the rainy season, with 43 agencies (i.e., 1000+ staff) blocked in Bangui due to an increase in security incidents.[137] The SRP 2014 reports attacks against humanitarian workers and assets that left seven workers killed, hundreds displaced, and property looted. During 2014, more than 1,223 security incidents were recorded, 124 involving direct violence against humanitarian organizations, with 18 staff killed.[138] The HNO 2015 reports that insecurity continued to limit access countrywide, with 16 per cent of attacks targeted at humanitarians, who faced direct confrontations in some prefectures. United Nations actors said that security and access remained major obstacles during 2014, although the arrival of MINUSCA late in the year made a big difference.

295. While operational actors emphasized external barriers, members of the affected population highlighted problems with operational disorganization, poor communication and weak implementation, as well as aid workers being partial, dishonest and fraudulent.[139] Members of the affected population in camps, enclaves and host communities often cited misuse of supplies by national/local government and poor targeting mechanisms.

296. Humanitarians made efforts to secure access by seeking acceptance as "independent" from international forces. The HRP 2015 proposed five strategies for securing access to people in need: constantly recall principles to all; strengthen communication and participation of affected people; engage with armed groups to protect humanitarian space; agree on common rules for use of military services; and expect improved access from MISCA/MINUSCA deployment in country. OCHA constantly negotiated access with ex-Séléka and anti-balaka, even amid internal divisions and lack of command.[140] To strengthen the appearance of humanitarian independence, an OXFAM adviser called for a United Nations mission structure that would separate humanitarian from political and military leadership.[141]

297. Nonetheless, the response also relied on access secured by international forces, thus tying their work to political and military forces. United Nations actors reported that the arrival of MINUSCA made a big difference as security is ultimately ensured by them, but that only 20 per cent of deliveries required an armed escort. There was a commitment to protecting humanitarian space by stressing separation from military, gaining community acceptance, and sometimes supporting rapid peacebuilding. INGOs were very divided on this matter, some of them refusing any visible or other link to MINUSCA and UNDSS, others only operating in areas secured by MINUSCA, and still others negotiating access directly with armed actors. The IASC/EDG summarized the dilemma in this way: international forces are crucial to secure areas where

[137] IASC (2014e); OCHA (2013).

[138] OCHA (2014f). Central African Republic: Humanitarian access Snapshot as of 8 December 2014.

[139] Norwegian Refugee Council (2015).

[140] OCHA (2014f).

[141] Humanitarian Practice Network (2014).

humanitarians operate, but they engage with armed groups, which affects the perception of humanitarians and increases the risks of humanitarian action.[142]

298. The affected population consulted raised questions about the importance of "independence." Most case study respondents reported the beneficial presence of MINUSCA, and a larger study found parts of the population that did not see the use of armed escorts as a problem. They preferred to receive secured assistance than see it delayed or cancelled for the sake of "independence." Most militiamen also did not object to armed escorts. In addition, the study found a gap between aid organizations' insistence on humanitarian principles as critical to access, and actual practices, which reveal that principles were not well internalized by aid workers anyway. The principle of independence was poorly understood by all, including MINUSCA.

299. Poor security management limited the use of humanitarian space. The OPR found weakness in the security management structure, and a lack of confidence in the ability of security analysis to make the best use of humanitarian space. Despite making good efforts to improve, UNDSS faced persistent criticism that it was ill prepared, lacked field staff and absent from HCT meetings. "There was widespread agreement that a robust, focused and enabling security management structure led by the Designated Official, working with the SMT and supported by UNDSS, is urgently needed."

300. Many INGOs claimed their requests to UNDSS were handled too slowly to be useful for programmatic purposes. As a result, few bothered to ask and few were aware of UNDSS services. To some INGOs, UNDSS hindered humanitarian coverage because "they had no humanitarian engagement." United Nations actors agreed UNDSS did not enable humanitarians, but they pointed to recent improvements, including the appointment of a chief security adviser.

301. In 2014, the IASC took measures to strengthen security risk management by using programme criticality results and more detailed security analysis to inform humanitarian decision-making.[143] However, no significant change was reported by early 2015.[144] Some global stakeholders identify a "vicious circle," whereby organizations feel unable to go to a new area due to insecurity, but UNDSS cannot invest in securing the space until a certain volume of aid is provided.

302. Organizations with the best access relied on their own security protocols. In early 2014, the OPR found that Médecins Sans Frontières and the International Committee of the Red Cross had the broadest reach, largely due to their flexible security protocols. They rejected links to UNDSS and MINUSCA, claiming it would hinder their work to be associated to any protection scheme. Many other INGOs also built relationships with local armed factions to facilitate access, including by training them in humanitarian access concepts. This did not stop the exchange of information between these agencies, UN organizations and MINUSCA.

303. Secure access remained a complex challenge and critical to programme effectiveness. Security was a major barrier to effectiveness in 2014 until the deployment of MINUSCA. The response depended on security provided by MINUSCA, but nonetheless pursued a policy of visible independence. UNDSS procedures often underused humanitarian space and did not allow humanitarians to 'stay and deliver'. Organizations that negotiated access outside of UNDSS often enjoyed the best access.

## 6.4 CONFLICT SENSITIVITY

304. The response employed a commendably conflict-sensitive approach. It made multiple efforts to be conflict-sensitive, took innovative steps to reduce conflict through local mediation efforts and was seen as impartial by the divided communities. Nonetheless, response-related conflict risks remained, and some saw the need for more efforts in this area.

[142] IASC (2015).

[143] IASC (2014).

[144] IASC (2015).

305. The response made multiple efforts to reduce conflict. The SRP 2014 includes social cohesion, conflict prevention and reduction activities in its early recovery cluster, and the HRP 2015 report incorporates a social cohesion programme, innovative community-level humanitarian mediation and deliberate conflict reduction approaches. The IASC/EDG also applied a special measure to accelerate reconciliation and peacebuilding, and reported doing considerable "advocacy" in this regard.[145] Nonetheless, peacebuilding ultimately depended on the government and MINUSCA.[146] United Nations actors reported that conflict sensitivity was served by ongoing analysis and civil military coordination. National actors spoke of great efforts to assist divided communities impartially.

306. The response took innovative steps to reduce conflict through local-level "humanitarian mediation." Humanitarian mediation led to reduced conflict, increased access and PoC,[147] and responded to an opportunity. As explained by an INGO: "Humanitarians must play an active role in social cohesion, as a national priority and key to IDP returns, including disarmament and community mediation. They must work to prevent separation by providing protection to Muslims in situ. Some efforts by CAFOD and Muslim INGOs, but more is needed".[148]

307. The response was seen as impartial or "neutral" by divided communities. Community informants perceived generally equal treatment of Christians and Muslims in hospitals and health services and women's groups. In Bambari, initial perceptions of unequal treatment by Muslims were later rectified when OCHA and other entities took care to deal equally with Séléka and anti-balaka forces. National leaders believed the response helped avert further tension. However, the balance remained difficult to maintain, and at the time of writing some suspect that the response risks being seen as prioritizing Muslims.

308. Some stakeholders highlighted continued conflict risks and argued that the response could have gone further to reduce conflict. A significant minority of the affected population stated they would turn to violence if they were excluded from a humanitarian distribution in their area.[149] Some United Nations actors believed too little was done in this regard, and one INGO questioned how doing "no harm" could be verified. Global stakeholders suggested too little attention was paid to reconciliation and disarmament, demobilization and reintegration (DDR), thereby undermining conflict sensitivity. Some national leaders believed efforts at conflict sensitivity were largely ineffective, as none of the roots of the problem was resolved and tensions would return.

309. The response is to be highly commended for its conflict-sensitive approach, which was important for humanitarian impartiality, acceptance by communities and doing no harm in such a tense and divided situation. This strategic focus is especially notable when conflict sensitivity scarcely features in the Transformative Agenda, IAHE, or the HPC.

[145] IASC (2014).

[146] IASC (2015).

[147] Humanitarian Country Team (2014). '2015 Humanitarian Response Plan: Central African Republic'.

[148] Humanitarian Practice Network (2014).

[149] Norwegian Refugee Council (2015).

# 7. CONCLUSIONS

310. The inter-agency response made large-scale progress towards providing basic services, reinforcing protection and delivering assistance to around 2 million Central Africans in need. It made a strong contribution to the protection of civilians and helped greatly in relieving the crisis, saving many thousands of lives and preventing severe malnutrition, disease outbreaks, mass atrocities and refugee outflows. Its successes were impressive in a highly constrained environment: a collapsed state, unprepared organizations, minimal infrastructure, widespread insecurity and international neglect.

311. The humanitarian response contributed to preventing higher mortality, while the wider humanitarian, military and political response greatly relieved the crisis in the Central African Republic. All stakeholder groups agree that the response saved lives through provision of food assistance, health, WASH and protection services. United Nations actors believe that hundreds of thousands of the 922,000 IDPs in January 2014 and 400,000 IDPs in December 2014 would not have survived without food assistance and basic health services. In addition, United Nations actors agreed that the humanitarian response helped calm the situation, stop a negative spiral, avert a disaster and "hold the country together." National leaders believed "genocide" was averted and relative calm returned.

312. All the same, the response fell short of the highest humanitarian aspirations. The scale of targeting and funding was insufficient compared to needs. The specific needs of vulnerable groups were not addressed. Sector results were modest and uneven, and poor in livelihoods and recovery. IDPs in the bush and in host families were left unassisted. Opportunities were missed to build national response capacity (except for the health, nutrition and food security sectors), prepare for transition, or develop solutions to the displacement crisis. With a view to learning from the response, the evaluation highlights the following conclusions:

## Conclusion 1: The response made a large positive impact on the crisis

313. The collective response made a large positive impact on the crisis, beyond the direct delivery of the SRP results. First, operational actors developed a structured response, an initial outcome and a collective achievement in itself, beyond the agency of any single actor. Second, it made a remarkably 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. Third, 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. Fourth, activities contributed enormously to relieving the crisis, saving many thousands of lives, preventing more disastrous outcomes. In all, the response's larger added value matched the value of its direct assistance.

## Conclusion 2: The response struggled to deliver satisfactory results

314. The response struggled to deliver strong results in relation to its strategic objectives. In 2014 it achieved modest partial strategic results, with half of 48 cluster targets achieved by two thirds, but around a fifth less than a third achieved, and notably poor results in livelihoods and recovery. As funding decreased and needs persisted in 2015, it was achieving similarly modest results in providing access to basic services, protection and assistance. The affected population

consistently questioned the quality and quantity of assistance, citing poor distributions and fraud as key problems. How to make the response more effective in achieving objectives and how to win the confidence of the population affected remained central questions.

## Conclusion 3: The response focused on the immediate term only

315. The response focused only 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. First, the response missed the opportunity to uphold the right of return for IDPs or to develop solutions to the displacement crisis. Second, its approach to resilience was highly unsatisfactory, limited to food security or deferred to development actors. Third, it did little to start recovery and 'connect' with long-term development, or use the capacity surge to address the protracted crisis. Fourth, it did too little to involve national and local stakeholders and build national emergency response capacity. Fifth, it did little to offset negative contributions to aid dependency, inflation, an employment boom, or short-termism in national planning. Prioritization was necessary but such short-termism was not strategic. However, the formulation of an Early Recovery Strategy by UNDP and the Government of the Central African Republic seeks to address the gaps identified through a multidimensional approach. To improve Early Recovery in particular, the UNDP Country Office in the Central African Republic is supporting the government in formulating a Sustainable Recovery Response Strategy. This will aim at implementing a multidimensional process to cover areas of income generation, housing, governance, security and respect for human rights, the environment and dimensions including the social reintegration of displaced persons and stabilization of human security.

## Conclusion 4: The performance management framework was inadequate

316. 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. It did not plan for or capture the response's larger positive impact on the crisis. It could not respond credibly to global-level and INGO criticisms or the demand by Médecins Sans Frontières for an investigation into the response's "unacceptable performance" in 2013. The strategic planning process helped resource mobilization but resulted in poorly formulated objectives, inadequate targets and no framework for monitoring the response. Clear objectives would have helped galvanize the humanitarian system, peacebuilding and development actors, and the affected population itself. A related monitoring, evaluation and learning system would have supported more strategic management.

## Conclusion 5: The response was dependent on the L3 mechanism

317. The response was too dependent on the powerful L3 mechanism and surge capacity, in the absence of local and national capacities disaster responses capacity or well-prepared humanitarian response capacities in the country and region. However, the financial and security support from the Economic Community of Central African States (mainly Equatorial Guinea and the Congo), in addition to the international community support, allowed the functioning of the Central African Republic's governmental institutions and the national army. 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 fund-raising tool. Indeed the L3 mechanism was not adapted to addressing the country's chronic emergency; it mobilized short-term resources to make a large and fast difference, but did not support a holistic response to the country's humanitarian needs. A more concerted regional strategy (with actors in neighbouring countries) was likewise not employed to enhance the response.

## Conclusion 6: Leadership was undermined by weak coordination structures

318. The response's leadership was undermined by structural weaknesses and poorly functioning coordination mechanisms (which require strong strategic leadership and management to function well). Leadership was highly important to coordination, and therefore to effectiveness, and empowered leadership was mainly successful at the HC level. However, the HC was undermined by structural weaknesses, and collective HCT leadership was far less successful as that body functioned poorly. Coordination mechanisms (HCT, ICC, 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 (beyond "we need more funds" or highlighting barriers without solutions). Injecting strong temporary leadership was less appropriate in this chronic complex crisis than enabling sustained strategic leadership, familiar with the local context and actors, and supported by the right structures. Leadership would have been greatly empowered by: (i) an HCT that worked properly as a strategic decision-making forum; (ii) an ICC that worked well to integrate sectors and cluster responses; and (iii) an information management that supported strategic management.

## Conclusion 7: The HPC failed to increase effectiveness

319. The HPC model did not increase effectiveness because of difficulties in its application. Whereas the HPC is intended as a model coordination process, it generated little interest among operational actors, 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.

## Conclusion 8: Coverage remained a fundamental challenge

320. Coverage of all needs 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. Second, assistance was targeted at predefined vulnerable groups, especially refugees, IDPs and children, but neglected the specific needs of vulnerable groups, systematically underserving people with disabilities, boys and young men, older people, people without family, including widows, and others. The response made tremendous efforts to respond at scale to meet needs wherever they were

found, but many needs remained difficult to reach and obscured, perhaps, by an implicit recognition that neither funding nor capacity was available to meet them.

## Conclusion 9: The response did not listen well to people affected

321. The response did not listen well to the people affected. Despite IASC pressure and the deployment of a thematic adviser, the five IASC 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. It missed the chance to empower populations to participate and demand accountability. And it increased the potential for frustration, fraud and violence. Accountability remained backward-facing to headquarters and donors.

Photo credit: Gemma Cortes, OCHA

# 8. RECOMMENDATIONS

322. These recommendations are prepared for the HC/HCT and the IASC Working Group (WG). They offer strategic advice for the collective response beyond the responsibilities of any specific organization or programme area, and do not include detailed technical advice on implementation. They are based on the evaluation findings and informed by a review of related HC/HCT and IASC (WG) materials. They are presented in order of importance.

## Urgent recommendations

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **1. Improving inter-agency strategy and performance** | | | |
| a) The HC/HCT should develop an inter-agency strategy aimed at improving performance and focused clearly on assistance, protection, basic services and resilience. To that end, it should consider:<br>i. Strengthening assistance through improved quality, integrity and distribution, and consultation with intended beneficiaries.<br>ii. Addressing manifold protection challenges, to include PoC and human rights, including freedom of movement, voluntary return, property rights, and at its centre a solutions strategy that aims for progressive, comprehensive solutions to displacement.<br>iii. Supporting resilience aimed at solutions, recovery and transition, elaborated with development actors. For that specific purpose, ensure a participatory approach involving all stakeholders, promote sustainability into all action plans, integrate aspects of governance both as core support to government counterparts as well as broader mechanisms for bottom-up, community-led transition processes, and support the development of state structures/institutions as well as reforming social, political and economic relationship in order to promote national and local ownership.<br>Developing a risk management approach holistically covering all strategic risks, including insecurity, impassable roads, and declining financial and HR capacity after the L3. | HC/HCT | Immediately, as contribution to the HRP 2016 | Conclusions 1,2,3,4.<br>Findings on Results, Protection, Community resilience, Outcomes, Strategic planning, Preparedness |

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| b) The IASC should develop the IAHE Impact Pathway model with lessons from the Central African Republic to guide future responses to chronic and complex emergencies. This should include lessons from PoC, clarified expectations on resilience, and guidance on reporting lives saved and risk avoided. To that end, it should consider:<br>i. Developing the IAHE Impact Pathway based on wider learning into an evidence-based tool to guide the collective response to 'complex' emergencies and chronic crises as well as natural disasters and sudden onset emergencies.<br>ii. Learning lessons about the protection of civilians in the Central African Republic where humanitarian solutions alone could not address the crisis, and an earlier or different response might have prevented displacement as worldwide displacement reached the highest levels ever (UNHCR June 2015).<br>iii. Reviewing policy and/or providing guidance on resilience as applied to complex emergencies, including resilience to the shock of violent attacks, supporting coping strategies, helping people in situ and in the bush, preventing flight to IDP sites and assisting host families and communities.<br>Providing guidance on how to measure and report the number of lives saved and risks avoided in complex emergencies. | IASC (WG) | Ongoing, and at the next review of IAHE Guidelines | Conclusions 1,2,3,4<br>Findings on Results, Protection, Community resilience, Outcomes, Strategic planning |
| **2. Mobilizing capacity** | | | |
| The HC/HCT should advocate for the mobilization of maximum capacities after the L3 surge, including humanitarian capacities, development and peacebuilding capacities, and local and national capacities, behind a coherent and comprehensive stabilization agenda. To that end, it should consider:<br>i. Encouraging humanitarian actors to share collective responsibility by mobilizing capacities to meet continued humanitarian needs at scale in the wake of the L3 and weakness of state capacity.<br>ii. Collaborating with development actors to meet resilience and recovery needs, and peacebuilding actors to meet protection needs at scale.<br>Collaborating with and supporting national and local capacities to meet needs at scale through the provision of rehabilitated basic services wherever possible. | HC/HCT | Immediately, ongoing during the HRP 2016 | Conclusion 5<br>Findings on L3 mechanism, Factors, Capacities, Coverage |

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| The IASC should maintain an adequate response in the Central African Republic after the L3, and seek to adapt the L3 mechanism for chronic emergencies. To that end, it should consider:<br>i. Maintaining a fit-for-purpose response in the Central African Republic while transitioning out of reliance on the L3 surge, ensuring adequate prioritization, attention and funding based on needs, and engaging with development and political actors and donors to this end.<br>ii. Adapting the L3 mechanism to chronic or protracted emergencies, beyond the requirements of meeting acute timely needs.<br>iii. Clarifying the purpose, time limit and deactivation of the L3 mechanism in a chronic crisis<br>Requiring timely transition to another mechanism capable of meeting chronic needs in a complex protracted crisis – such as a comprehensive stabilization plan. | IASC (WG) | Immediately, ongoing during the HRP 2016 | Conclusion 5<br>Findings on L3 mechanism, Factors, Capacities, Coverage |

## Important recommendations

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **3. Enabling leadership** | | | |
| The HC/HCT should enable strategic leadership by ensuring a dedicated leadership role, well-functioning coordination structures and structured communications with stakeholders. To that end, it should consider:<br>i. Maintaining a SHC or a dedicated HC role with strategic vision and the ability to work with political, development and military/peacebuilding actors.<br>ii. Ensuring well-functioning HCT, ICC and information management functions, including by ensuring the implementation of related OPR recommendations, and involving representatives of the affected population in the coordination architecture. For that purpose, ensure an inclusive partnership with local actors through an effective/efficient collaboration with national NGOs, civil society organizations, religious communities and local authorities, promote their participation in the exchange of information, analysis and contribution to the humanitarian response plan and encourage the local authorities to participate in the coordination mechanism.<br>Ensuring functioning of the HCT by checking collective progress against strategy as a main item in meetings, ensuring attendance of heads of agency with power to make decisions, and forming ad hoc advisory groups for decision-making on critical issues. | HC/HCT | Immediately, during the HRP 2016 | Conclusion 6<br>Findings on Coordination, Leadership |
| The IASC should learn lessons about "strategic" leadership in a chronic emergency. To that end, it should consider:<br>i. Recognizing the importance of "strategic" leadership in chronic emergencies like that of the Central African Republic.<br>ii. Recognizing the importance of leadership including HCT leadership for coordination, the importance of enabling structures, and the limitations of relying on the 'right people' model.<br>iii. Examining why mechanisms worked poorly despite relatively generous funding.<br>Articulating clear added value of United Nations-led strategic coordination in an emergency, including by streamlining its functioning, and ensuring its interrelated mechanisms – the HCT, ICC, clusters and information management – are either fit for purpose or deactivated. | IASC (WG) | Immediately, as a function of knowledge management | Conclusion 6<br>Findings on Coordination, Leadership |

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **4. Strengthening process** | | | |
| The HC/HCT should address key weaknesses in the coordination process in order to strengthen effectiveness. It should concentrate on needs assessment targeting specific vulnerabilities and groups of beneficiaries, strategic planning and monitoring, and define an effective approach to preparedness with development actors. To that end, it should consider:<br>i. Strengthening the three interrelated HPC elements where greatest improvements could be made to strengthen coordination and effectiveness: needs assessments, strategic planning and monitoring.<br>ii. Defining an effective approach to preparedness with development actors, including regularly updating contingency and preparedness plans for the country, following IASC guidance (Operational Peer Review [OPR]).<br>Facilitating collective involvement in the HPC by ensuring an efficient process with an appropriate work calendar. | HC/HCT | Immediately, during the HRP 2016 | Conclusion 7<br>Findings on Humanitarian Programme Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness |
| The IASC should review the utility (usability) of the HPC model, provide training for its application, and strengthen the monitoring, evaluation and learning element. To that end, it should consider:<br>i. Ensuring the utility (usability) of the HPC by making it lighter and easier to use for the HC/HCT and all stakeholders, informed by learning and case studies from other responses, and applicable as a toolkit (not an accountability framework).<br>ii. Providing training in use and application of the HPC for coordination leaders in HC/HCT, OCHA and the largest operational actors.<br>iii. Reviewing the place of preparedness in the HPC, committing resources for preparedness and early action, including prevention, in response to early warning and continue funding with a view to averting L3s.<br>Revise the monitoring element so as to strengthen monitoring, evaluation and learning in support of performance management, strategic leadership and accountability across responses and over time. As monitoring and evaluation are important elements of the humanitarian response, there is a need to raise awareness for a built-in M&E plan into the L3 mechanism, as per the Transformative Agenda's requirements for performance monitoring. | IASC (WG) | Immediately, as a function of knowledge management | Conclusion 7<br>Findings on Humanitarian Programme Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness |

| Recommendation | Responsibility | Timeliness | Links in Report |
|---|---|---|---|
| **5. Defining accountabilities** | | | |
| The HC/HCT should develop a collective accountability framework with monitoring mechanisms for coverage, specific needs, AAP and connectedness to national development. To that end, it should consider:<br>i. Identifying and monitoring unmet and untargeted needs, including difficult-to-reach populations, and developing advocacy where needs cannot be met.<br>ii. Urgently identifying the needs of vulnerable groups in assisted populations, including people with disabilities, older people, people without family networks, and boys and young men.<br>Implementing five AAP principles across the whole response, through HC/HCT commitment, defined accountabilities, stakeholder participation at all levels (including at strategic level), a response-wide feedback and complaints system, and regular monitoring of people's satisfaction and priorities. | HC/HCT | Immediately, during the HRP 2016 | Conclusions 8 and 9<br>Findings on Coverage, Specific needs, Accountability to Affected Populations, Involvement, Capacities, National development |
| The IASC should review the collective accountability framework for chronic emergencies, providing guidance and monitoring mechanisms. To that end, it should consider:<br>i. Humanitarian principles and their link to coverage, comprehensive and specific needs assessments, and secure access. Independent needs assessment monitoring may be needed to advocate for unmet needs.<br>ii. AAP commitments, implementation at the strategic level and possible integration into the HPC package.<br>iii. National development links and engagement of local and national capacity where the State has collapsed and a transition government lacks authority and capacity to lead recovery. | IASC (WG) | Immediately for IASC policy, and at the next review of the HPC | Conclusions 8 and 9<br>Findings on Coverage, Specific needs, Accountability to Affected Populations, Involvement, Capacities, National development |

# ANNEX I: TERMS OF REFERENCE

## INTER-AGENCY HUMANITARIAN EVALUATION (IAHE) OF RESPONSE TO CRISIS IN THE CENTRAL AFRICAN REPUBLIC – **TERMS OF REFERENCE**

**15 JUNE 2015**

### I. Introduction

1. An IAHE is an independent assessment of results of the collective humanitarian response by member organizations of the IASC to a specific crisis. IAHEs evaluate the extent to which planned collective results have been achieved and how humanitarian reform efforts have contributed to that achievement. IAHEs are guided by a vision of improved human well-being for those impacted by disasters and by the desire to contribute to the equitable distribution of the benefits resulting from coordinated humanitarian action.
2. In 2013, and on the basis of the three pillars of the Transformative Agenda[1] (TA), the IASC Principals endorsed the TA Protocols. The Protocols now comprise ten reference documents[2] that include a set of actions to address acknowledged challenges in leadership, coordination and enhance accountability for the achievement of collective results. These actions are:
   - Establishing a mechanism to deploy strong experienced senior humanitarian leadership from the outset of a major crisis;
   - The strengthening of leadership capacities and rapid deployment of humanitarian leaders;
   - Improved strategic planning at the country level that clarifies the collective results the humanitarian community sets out to achieve and identifies how clusters and organizations will contribute to them;
   - Enhanced accountability of the Humanitarian Coordinator and members of the Humanitarian Country Team for the achievement of collective results and of the humanitarian community towards the affected people; and
   - Streamlined coordination mechanisms adapted to operational requirements and contexts to better facilitate delivery.
3. The fifth TA Protocol relates to the Humanitarian Programme Cycle (HPC), which is defined as a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response. The HPC consists of five elements: needs assessment and analysis; strategic response planning; resource mobilization; implementation and monitoring; and operational review and evaluation. Operational Peer Reviews (OPRs) and IAHEs are tools to assess and reflect on the extent to which the collective response has met its objectives and to provide information on areas of work that need to be improved in the future to make the response more effective.
4. OPRs and IAHEs complement each other and are substantively different. OPRs are management reviews and their main purpose is learning for course correction at an early stage of the humanitarian response. They are not an accountability tool. IAHEs, on the other hand, are conducted at a later stage of the humanitarian response and their main purpose is to promote accountability to donors and affected population. The promotion of accountability includes the

[1] The three pillars of the Transformative Agenda are: accountability, leadership and coordination.

[2] The revised and additional Protocols are listed in the text in Table 1, page 31.

consistent application of quality standards, adherence to core humanitarian principles,[3] and fostering strategic learning for the humanitarian system. IAHEs are conducted in adherence to the international evaluation principles of independence, credibility and utility.

5. The present evaluation will be the first IAHE for which an inter-agency team undertook a preliminary scoping and planning exercise. The IAHE scoping and planning mission's objectives were to identify major areas of concern and key evaluation questions to determine the result level to be assessed, and ensure adequate and meaningful inclusion of the views of affected people. Ultimately the evaluation team will be able to provide feedback on the usefulness of the scoping and planning exercise, as well as determine to what extent the findings and recommendations facilitated the undertaking of the IAHE. Further information on the exercise and its time frame is presented in the following sections.

## II. CONTEXT AND BACKGROUND TO THE CRISIS

6. The Central African Republic (CAR) has been characterized by multiple overlapping crises combining a long history of military coups and rebellions. This situation has caused a sustained economic crisis that has eroded the country's capacity to provide basic services and protection to its people. Since December 2012, CAR has been the stage of widespread insecurity with attacks against the former government which led to its destitution by the Séléka coalition in March 2013. Under the Séléka[4] rule (March 2013 - January 2014) governance worsened, the regime abused power for self-enrichment and plundered public funds eventually leading to the collapse of the economy. Violence against civilians soared and retaliation by anti-Balaka militia against the Séléka rebels further instigated gross human rights violations causing one of the most serious humanitarian and protection crises faced by the international community. Security conditions in the country further deteriorated in early December 2013, when fighting erupted between the ex-Séléka alliance and anti-Balaka groups, composed of armed fighters that oppose ex-Séléka forces, and forced out the government of ex-Séléka leader, Michel Djotodia. Chaos escalated on 5 December 2013 when attacks by anti-balaka militia in Bangui and Bossangoa resulted in 902,000 Central Africans being displaced across the country, and the country further spiralled into violence fuelled by distrust between communities. The country now risks a de facto division, with ex-Séléka forces dominating in the North and East, and anti-Balaka dominating the South and West.

7. The crisis led to the displacement of over a million Central Africans, approximately 25 per cent of CAR's population. Almost 457,000 fled to neighbouring countries: Cameroon (246,000), Chad (94,000), the Congo (26,000) and the Democratic Republic of the Congo (91,000).[5] In most of the country the public administration has stopped functioning, main traders and business people (many of which from Muslim minorities) have left the country, markets have broken down and the planting season has been missed.

8. At the time of writing these ToRs there are 436,000 IDPs in CAR - including 49,000 in 34 sites in Bangui - and 2.7 million people (over half of CAR's population) in need of humanitarian assistance.[6] The issue of freedom of movement and protection of the population at risk trapped in enclaves remains another grave concern. There are approximately 41,235 people trapped in 9 enclaves around the country. Yaloke is one of the enclaves that has received a lot of media attention in the past months, and the situation is slowly unfolding. At the time of writing, the number of population at risk trapped in Yaloke stands at 278 persons and return operations are underway. However, reports of grave human rights violations against the population at risk around Yaloke continue to emerge. The authorities are now formally engaged in ensuring the freedom of movement of IDPs. Furthermore, the protection cluster in collaboration with MINUSCA is

[3] Humanitarian principles provide the foundation for humanitarian action and they are: humanity, neutrality, impartiality and independence. For more information on humanitarian principles, please see: https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf

[4] The coalition was officially disbanded by its leader, Michel Djotodia, in September 2013.

[5] Source UNHCR: April 2015 http://reporting.unhcr.org/sites/default/files/UNHCR%20-%20CAR%20Regional%20Update%20%2353%20-%2010APR15.pdf

[6] OCHA Sitrep February 2015.

conducting assessment missions to identify population at risk who are still trapped by anti-balaka in the surrounding areas of Yaloké and Carnot.

9. On 11 December 2013, due to the gravity, scale, complexity and urgency of the situation in CAR, the Emergency Relief Coordinator (ERC), in accordance with the IASC Principals, declared the humanitarian crisis in CAR as a Level 3 emergency, which is activated when the situation requires a system-wide mobilization to significantly increase the scale of the response and improve the overall capacity and effectiveness of the humanitarian system. The L3 emergency has been extended until May 2015, and was finally terminated on the 13th of May 2015.

10. Measures accompanying the L3 declaration included the deployment of a Senior Humanitarian Coordinator, sending surge capacity through the Inter-Agency Rapid Response Mechanism (IARRM) and an upgrade in operational capacity by most humanitarian organizations. The declaration of the L3 also triggers an Operational Peer Review (OPR) within 90 days of the crisis and an Inter-Agency Humanitarian Evaluation (IAHE) to support the humanitarian response. The OPR, which was conducted from the 24 February to 5 March 2014, recognised the challenges impeding the humanitarian response, such as limited funding, lack of access, poor infrastructure and the difficulty for humanitarians to respond and anticipate challenges due to the complex and evolving nature of the crisis. The OPR's main recommendation for the HCT was to improve the functioning of the inter-cluster coordination group, scale up presence in the provincial capitals and surrounding areas, develop further advocacy and fundraising strategies and implement a robust security management structure.

11. At the time of the scoping mission (February 2015), the number of humanitarian actors in CAR was estimated at 105. While relief agencies are trying to assist conflict-affected people, the presence of armed groups causes permanent insecurity and access constraints that obstruct humanitarian operations outside Bangui. In addition to insecurity and access limitations, other response constraints include poor infrastructure, population movement, absence of national counterparts in national institutions, and a high turnover of humanitarian workers. Urgent humanitarian needs could intensify as aid agencies still struggle to access vulnerable populations in the most remote areas of the country. The situation throughout CAR remains volatile, with escalating attacks against civilians. Opposing armed groups are controlling vast territories and roads are provoking daily violent clashes that continue to displace thousands of people already living in dramatic conditions.

12. The arrival of the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), EUFOR[7] and the French *Sangaris*[8] has contributed to an overall improvement in security conditions throughout the country. While EUFOR withdrew on 15 March 2015 and *Sangaris* plans to downsize by October 2015, MINUSCA[9] is expecting to have a stabilizing effect but its full deployment has not yet been achieved. While the expected stabilization is supposed to pave the way for the Transitional Government to strengthen its institutions, restore basic services and organize elections before the end of 2015, political instability remains high.

13. In January 2014, OCHA on behalf of the Humanitarian Country Team (HCT) issued a revised Strategic Response Plan for 2014 for a total of USD 551.3 million with the overarching purpose to alleviate and prevent suffering of conflict-affected people in CAR in 2014. The key strategic objectives were: 1) provide life-saving humanitarian, multi-sectoral packages to internally displaced persons (IDPs) and host communities, migrants, and returning persons; 2) conflict-affected people are protected from harm, specifically vulnerable groups (e.g. unaccompanied minors, women, single headed households, migrants, unaccompanied children and the elderly); 3) returnees and other affected people access basic services; and, 4) affected communities' resilience is restored.

[7] European Union Force RCA is the United Nations–mandated peacekeeping mission in Bangui. In April 2014 European troops were deployed in Bangui.

[8] On-going French military operation. Deployment started in December 2013.

[9] Deployed in September 2014 to replace the African Union force.

14. The 2015 Humanitarian Response Plan (formerly known as the Strategic Response Plan), issued in December 2014, aims to address the needs of 2 million people (42% of the entire population). The Plan's objectives have revised to address priority needs and protection concerns, as followings: 1) improve the conditions of new displaced people, ensure their protection and the provision of basic social services; 2) strengthen protection of civilians, including their fundamental rights, in particular those of children and women; 3) Increase the access to basic services and livelihoods for vulnerable men and women; 4) facilitate durable solutions for displaced people and refugees to areas of return of reintegration.

15. In October 2014 the IASC Steering Group requested that more analysis was needed before undertaking an IAHE in the CAR. The IASC agreed to carry out an evaluability assessment in order to ensure that the humanitarian response could be evaluated in a credible and reliable fashion. In January 2015, the HC confirmed that the necessary conditions to carry out an IAHE in the CAR were met, and that the consensus amongst the HCT was that an evaluability assessment would be unnecessary. Taking these remarks into account the Management Group[10] for the IAHE in the CAR agreed to adapt the purpose of the exploratory phase into a scoping and planning mission. The scoping and planning mission's was conducted from 01 to 07 February 2015 with the main objective to define the thematic, temporal and geographic scope of the IAHE. The following terms of reference thus result from the observations and findings made during the scoping and planning exercise.

## III. PURPOSE, OBJECTIVES, SCOPE AND FOCUS

16. The purpose of this IAHE is two-fold. Firstly, it will provide an independent assessment of the extent to which planned and collective objectives set in the 2014 SRP to respond to the needs of affected people have been met. In so far as possible, those set out in the 2015 HRP will also be assessed. Secondly, the evaluation aims to assess the extent to which response mechanisms, including the HPC and other key pillars of the Transformative Agenda have successfully supported the response, and recommend concrete actions. In summary, the IAHE will aim to:

- Assess to what extent the collective response to the crisis has met the objectives of the 2014 SRP and the 2015 HRP (thus far), and how gaps and challenges were addressed;
- Assess how effectively humanitarian needs were identified and prioritised, including the identification of associated coordinated needs assessments processes, and to what extent the collective response adequately met those needs;
- Capture lessons learned and best practices in order to enable collective learning from the humanitarian response, including regional coordination, protection issues and strategies; and,
- Provide actionable recommendations at both policy and operational level on how collective response mechanisms might be strengthened, particularly in light of challenges in the field, including access, protection and security challenges.

17. During the scoping and planning mission, many humanitarian actors underlined the need for the IAHE to have a balanced focus both on processes and results in order to understand and evaluate the actual development, implementation and impact of the humanitarian response in CAR. As such, this IAHE should equally address processes and results of the response. Obviously the ability of the evaluation to assess the different levels of results will be determined by the type and level of evidence to support the analysis.

18. The evaluation shall consider the collective humanitarian response from the L3 declaration on 11 December 2013 until the moment of the main evaluation mission planned for the end of July 2015. The IAHE will focus on the key issues as set out in the 2014 SRP, and to the extent possible those of the 2015 HRP, and other key tools and mechanisms that enable the humanitarian system to better achieve results for affected people.

[10] The Management Group is composed of FAO, UNICEF, UNHCR, WFP (observer) and OCHA, as chair.

19. The evaluation will also constitute an opportunity to test the recently approved IAHE guidelines, and provide feedback on the appropriateness of the guidelines, their application, and the IAHE process in the context of CAR, and suggest possible ways to improve them.

## IV. KEY ISSUES

20. These Terms of Reference include eight key issues that the evaluation should address. These were identified during the scoping and planning mission through inputs provided by primary and secondary stakeholders. The key issues are:

**Protection:** Protection is a critical issue in the CAR context and a priority of the 2014 and 2015 SRP/HRPs. Protection is a key element around which the humanitarian intervention in the CAR has been structured, including for communities at risk.[11] The scoping study recognized that the IAHE should analyse the relevance, quality and results of specialized protection actions and specifically child and gender protection (e.g. Protection from Sexual Exploitation and Abuse – (PSEA), psychosocial support services, and services provided to victims etc.). The specialized nature of protection issues concerning specified groups such as transhumance pastoralists, populations at risk in enclaves and IDPs in and around IDP camps need also be recognized and addressed in the response. The scoping mission identified a global feeling of frustration among humanitarian actors regarding protection. Many consider that in CAR there is more a "doctrine of needs" when it should be a "doctrine of rights", and that consequently the greatest achievements in CAR, by far, has been relief, not protection. Actors interviewed during the mission explained that it is commonly known that violence against children and women is a major problem in CAR but data and baseline studies are missing, and that in the end "no one really knows what one is talking about".[12] Another major limitation to better understand protection issues is the lack of access to affected populations due to security reasons but also the absence of specialized staff deployed at field level.

Most humanitarian actors interviewed claimed that it was difficult to integrate protection components to their programme design because of staff competence and limited time, and access to populations at risk. The absence of clear integration of protection as a mainstreaming element in the response was sometimes attributed to the lack of vision and strategy at coordination level and more specifically at Inter-cluster coordination (ICC) level given it "doesn't have an understanding of the multi- dimensional aspects of protection.[13]

**Accountability to Affected People (AAP):** An important objective of IAHEs is to enhance accountability to affected people through the provision of feedback on the results of the response to affected communities. The scoping and planning mission found that accountability to AAP had not been sufficiently taken into account in the humanitarian response at a strategic level and community level. This is due to the volatile security situation and ensuing population movements but also the lack of experienced staff and resources of the humanitarian community.

The IAHE should evaluate how the absence of a strong AAP expertise and practice in CAR could be considered as an opportunity to build from scratch a solid and realistic interagency approach.

The IAHE should identify information needs and communication gaps and work on how information provided to affected people fits with accountability concerns and standards. Existing humanitarian communication plans and strategies should be evaluated to this end.

The evaluation should also identify possible links between humanitarian actors on AAP and Communication with Communities in order to identify and develop future collaboration and resource sharing opportunities. An analysis of information related to cross cutting issues, such as protection, transhumance, gender and access should be explored in order to investigate more/ institute its efficient use. It should also explore how accountability issues have been included into monitoring and evaluation processes, and identifies how community consultation could be achieved.

[11] Communities at risk include both ethnic and religious minority groups.

[12] CAR interview, February 2015.

[13] CAR interview, February 2015.

**Resilience and longer-term engagement:** In CAR resilience is often associated with early recovery or transition. Resilience is therefore assimilated to an approach to better articulate emergency and development phases. In this sense, humanitarian actors interviewed suggested that the IAHE should look at the collaboration, interaction and synergy between emergency and development structures and mechanisms to ensure a multi-faceted response that reflex the complexity of the crisis. The evaluation should also help defining how joint analysis could contribute to longer-term planning and to improved relationships between organizations working across the whole spectrum, from immediate relief to longer-term development.

**The Level 3 opportunities and challenges:** people interviewed acknowledged the positive role that the L3 declaration has played in increasing attention to the crisis in CAR, thus contributing to a higher presence of international actors and funding. However, there are concerns about the sustainability of the current funding level and programmes without a longer term strategy that aims at rebuilding the country in all aspects. Interviewees expressed frustration for the lack of a vision and a plan for an "exit strategy" from the L3. Most interviewees strongly recommend that the IAHE also looks at how the response has considered longer term issues, including a viable exit strategy. The IAHE could contribute to an "after L3 strategy" and ensure that the positive impact of the L3 is sustained beyond its deactivation, which was decided on 13 May 2015.

**Humanitarian Access to Affected People:** The conflict has had severe effect on the ability of humanitarian partners to access affected people due to safety and security constraints, but most importantly also due to the difficulties to geographically access large parts of the country due to seasonal constrains (such as floods/general rainy seasons) or complete absence of infrastructure (such as absence of roads/bridges). Humanitarian activities are hampered by the challenging physical environment and growing violence against aid workers, a number of organisations have temporarily suspended operations in some areas. In this context, access and dissemination of information is very challenging. Moreover due to the impenetrable nature of large bush areas, tracking population's whereabouts after large influx of displacements remains highly challenging.

**Humanitarian space in an integrated mission:** The UN integrated mission in CAR is both seen as having both positive and negative effects on the humanitarian operation. A key concern is the perception by the local population about the neutrality and impartiality of humanitarian actors. The IAHE should analyse the impact and associated risks of this situation, as well as the communication strategies developed to avoid potential confusion of mandates between the political, military and humanitarian mandates.

**Capacity to respond:** Most UN agencies and NGOs present in CAR have a very high staff turnover. During the last 7 years, only 15% of UN Heads of Mission have remained in country for a period longer than 6 months. This high ratio of staff turnover is highlighted as a risk in terms of aid performance, capacity of absorption of organizations, decentralization of programmes and loss of institutional memory. The IAHE should help identify the multiple constraints (human resources, financial, cultural, communication, general conditions etc.) that explain this situation and recommend possible measures to address the issue. However, it is to be expected that with the deactivation of the L3, the percentage of surge staff (which have a typically high turnover ratio as the average deployment of surge staff is 3 months) will decrease and naturally contribute to lowering the staff turnover within UN offices and agencies.

**Special attention to communities at risk:** religion and ethnicity have been manipulated by all belligerent parties to the conflict for political agendas, including the use of violence to attain, maintain or expand power. Humanitarian actors interviewed during the scoping mission maintained that the evaluation should pay special attention to communities at risk, including ethnic and religious minorities, as addressing their humanitarian needs requires not only a stronger protection component as stated above but also a context (and conflict) sensitive approach.

## V. USE OF THE EVALUATION

21. The primary users of the outcomes of the IAHE will be the HC and the HCT, which will use the results to ensure accountability and the development of lessons learned for the on-going humanitarian response. Findings from the IAHE may identify areas that need to be addressed to improve the response. Evaluation results[14] are expected to inform the preparation of 2016 HRP or the revisions of other plans as appropriate. The IAHE is also expected to generate information and analysis relevant to other actors engaged in the humanitarian response such as local, national and donor stakeholders.

22. The secondary users of the outcomes of the IAHE are the IASC Principals, the IASC Working Group and Emergency Directors Group, who are expected to use IAHE results and lessons learned as part of their overall monitoring strategies on key strategic issues at the global level, policy-making and conceptualization of the approach to future emergencies. The audience and potential users of the evaluation also include donors, the CAR authorities, regional stakeholders, and other national responders, and affected population, which might use the evaluation results for learning, awareness and advocacy purposes.

## VI. EVALUATION QUESTIONS AND CRITERIA

23. As per the guidance document 'Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines',[15] the following key areas of inquiry must be addressed by all IAHEs:

    1. Were the results articulated in the 2014 Strategic Response Plans (SRP), and to a certain extent those in the 2015 SRP, achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster? (i.e., was the response to protect conflict-affected communities and support them relevant and effective?)
    2. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?
    3. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?
    4. To what extent were IASC core humanitarian programming principles and guidance applied?

24. In addition to these four core questions, the evaluation team will develop context-specific sub-questions and reflect them in the inception report. To this purpose, the IAHE CAR Management Group will seek HC/HCT's feedback on the IAHE ToRs.

25. The evaluation will draw evidence-based conclusions in relation to internationally established evaluation criteria drawn from UNEG norms and guidance,[16] the criteria of the Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC)[17] and ALNAP for the evaluation of humanitarian action,[18] including: i) relevance, ii) coherence, iii) coverage, iv) connectedness, v) efficiency, vi) effectiveness, vii) impact, viii) sustainability, and ix) coordination. The delivery of protection will be considered as a sector subject to the same criteria to be applied to other areas under review. Not all criteria may necessarily be applicable, and the evaluation team will need to assess which criteria are most relevant during the inception phase of the IAHE.

## VII. METHODOLOGY

26. The evaluation will use mixed method analysis, employing the most appropriate qualitative and quantitative approaches, data types, and methods of data collection and analysis. To ensure

[14] Either as a preliminary draft of the evaluation report, or a final version.

[15] See 'Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines', developed by the IAHE Steering Group, April 2014.

[16] See UNEG's website: www.uneval.org.

[17] See the DAC criteria for evaluating development assistance Factsheet at: http://www.oecd.org/dac/evaluation/49756382.pdf

[18] See the *ALNAP Guide for Humanitarian Agencies: Evaluating humanitarian action using the OECD/DAC criteria* at www.alnap.org/pool/files/eha_2006.pdf.

maximum validity and reliability of data, the evaluation team will ensure triangulation of the various data sources. Data gathering instruments and methods will be developed so that human rights, gender equality and equity related data can be disaggregated.

27. The evaluation team will be guided by the major analytical frameworks that form the basis for drawing final conclusions and generating forward-looking recommendations, namely: the IAHE key questions, the SRP (HRP), as the main reference to assess whether the response objectives have been achieved, and the IAHE impact pathway, which outlines the components of an "ideal humanitarian response."[19] It will also be guided by the notes and inception report from the scoping and planning mission.

28. It is understood that the evaluation might encounter difficulties in engaging with a large number of actors and stakeholders involved in the humanitarian response, but should ensure all possible efforts to do so. Given the high staff turnover and limited institutional knowledge, the evaluation should foresee interviewing humanitarian staff that were involved in the response at different times of the crisis. The IAHE could also undertake an online survey directed to staff who are no longer working in the country but contributed to the response in a professional capacity. Finally, it should be taken into account that the evaluation will be conducted during a timeframe where a substantive amount of humanitarian staff will be taking annual leave.

29. In the inception report, the evaluation team will propose a detailed methodology that the evaluation team will use to address key questions, develop sub-questions, and assess the results of the collective humanitarian response. The proposal should include a description of data sources, data collection and analysis methods/tools, indicators, triangulation plan, financial overview, factors for comparative analysis, and validation strategy, as well as how the team intends to incorporate the views of affected people in developing the methodology. The evaluation methodology should include a case study approach to analyse in depth the situation of at least two enclaves in different locations.

30. Methods of analysis may include, among others: the review of various sources of information, including review of monitoring data; field visits; interviews with key stakeholders (affected population, UN, NGOs, donors, government representatives and civil society organizations); gender balanced focus groups and cross-validation of data. Consultations will ensure that diverse stakeholder groups are included, paying specific attention to adequately engage women, men, boys and girls of different ages, and taking into consideration the existence of disadvantaged groups, such as people with disabilities. The evaluation approach will be in line with UNEG guidance on integrating human rights and gender equality, with ALNAP guidelines on evaluating humanitarian action, UNEG norms and standards and the International Humanitarian Principles.

31. In line with the System-wide Action Plan (UN-SWAP) on gender equality and the IASC Gender Equality Policy Statement,[20] the evaluation will use gender analysis, and will specifically assess the extent to which gender considerations have been taken into account in the provision of the response. The final report should acknowledge how inclusive stakeholder and affected communities participation was ensured during the evaluation process and any challenges to obtaining the gender equality information or to addressing these issues appropriately.

32. The evaluation team will conduct field visits outside Bangui, ensuring country-wide geographical coverage and spend the necessary amount of time to conduct direct consultations with local communities affected by the conflict. The evaluation should, wherever possible, undertake systematic data gathering from both beneficiaries and non-beneficiaries on the appropriateness and quality of the assistance provided. In deciding the amount of time to be spent in consultations with communities, it is important that the evaluation team keeps a balance in the need to identify high level and strategic themes, and the need to ensure sufficiently ample consultations. The IAHE guidelines establish an approximate duration of four to five weeks for the evaluation mission in the CAR. In the inception report a final proposal for the duration of

[19] See Annex 1 of the ToRs – Impact Pathway for IAHEs.

[20] Approved by the IASC Working Group on 20 June 2008.

the evaluation field mission will be made, to ensure that there is sufficient time to collect the necessary data.

33. The inception report will also provide a detailed stakeholder analysis and a clear indication of how/who of national entities and communities will be (a) consulted (b) engaged with (c) involved in the evaluation process as relevant. The evaluation team should explicitly describe in the inception report the approaches and strategies that will be used to identify and reach response beneficiaries and affected people, and to adequately engage women, men, boys and girls of different ages, taking into consideration the existence of disadvantaged groups. These strategies may include, among others, the selection of key informants, use of snowball sampling strategies, use of focus groups, etc. The advantages and limitations of the use of these methods should also be clearly explained.

34. In order to maintain a conflict sensitive approach, evaluators should solicit the views of local staff before engaging with local communities and affected populations. They are also victims of the crisis and might have a lot to say and to advise. They can explain the local cultural context in order to avoid creating tensions and raising expectations. When talking to local communities it is equally important to choose interpreters carefully. The IAHE should also consider interviewing "local observers" like teachers, farmers, young, traders, prefects and sub prefects etc.

35. Adherence to a code of ethics in the gathering, treatment and use of data collected should be made explicit in the inception report.

36. An evaluation matrix will be included in the inception report in which sources of data, methods and criteria will be defined for each evaluation question.

## VIII. MANAGEMENT ARRANGEMENTS AND STAKEHOLDER PARTICIPATION[21]

### A. Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG)

As per IAHE Guidelines, the IAHE Steering Group will provide final approval to the members of the Central African Republic IAHE Management Group, as well as the IAHE Terms of Reference and the final evaluation report.

### B. Inter-Agency Humanitarian Evaluation Management Group (IAHE MG)

37. The evaluation will be managed by the CAR IAHE Management Group, which is chaired by OCHA. The CAR IAHE Management Group will provide sustained support and guidance to the evaluation process, in order to ensure its relevance, independence and transparency, and promote the utilization of evaluation results. The CAR IAHE Management Group will be comprised of the following organizations: OCHA, UNHCR, UNICEF, FAO and WFP, as an observer.

38. In accordance with IAHE Guidelines, IAHE Management Group members will act as point of contact for the evaluation for their respective organizations, and provide quality control and inputs to the IAHE (including during the development of the ToRs, evaluation team briefing, review and approval of the inception report, and review of the draft report and presentations) and will facilitate dissemination and follow up of the final evaluation report cleared by the IAHE Steering Group.

39. The IAHE Management Group will be chaired by OCHA. OCHA will appoint an Evaluation Manager, who will be the main point of contact for the evaluation and will ensure day-to-day support and consistency throughout the evaluation process, from drafting the Terms of Reference to the dissemination of the report. The Evaluation Manager will also be the contact person for administrative and organizational issues, and will coordinate activities of the different stakeholders involved in the evaluation. He/she will organize and supervise the different phases of the evaluation process and ensure the quality of all deliverables submitted by the evaluation team.

[21] For further details on the specific roles and responsibilities of the different IAHE stakeholders, please see 'Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines', developed by the IAHE Steering Group, April 2014.

40. The HC for the CAR will appoint an in-country focal point for the evaluation to act as point of contact in the country for the evaluation, facilitate access to pertinent information and relevant documents and to help organize the field visits.

### C. IAHE In-country Advisory Group

41. An In-country Advisory Group for the CAR IAHE will also be formed, to represent country-level stakeholders that have been directly involved in the response. The roles and responsibilities of this group include: to serve as the main link between the IAHE evaluation team and key stakeholder groups, to help the evaluation team identify priority questions for the evaluation, to provide feedback on key evaluation issues and evaluation deliverables such as the inception and draft evaluation reports, to help promote ownership of respective stakeholder groups, and to assist in the development and implementation of a communication strategy for the IAHE findings.

42. The membership of the In-country Advisory group will be based on a "mapping" of key stakeholders. Stakeholders in the IAHE In-country Advisory Group may include UN organizations, UN mission, international and local NGOs, key donors, national entities, government representatives, private sector representatives and civil society representatives. Members of the In-country Advisory Group will be appointed by the HC.

## IX. DELIVERABLES AND REPORTING REQUIREMENTS

43. The quality of the evaluation report will be assessed according to the UNEG Norms and Standards for Evaluation and the OCHA Quality Assurance System for Evaluations.

44. The report will be produced jointly by the members of the evaluation team and reflect their collective understanding of the evaluation. All deliverables listed will be written in good standard English. If in the estimation of the Evaluation Manager the reports do not meet required standards, the Evaluation Team will ensure at their own expense the editing and changes needed to bring it to the required standards.

### A. Inception Report

The evaluation team will produce an inception report of approximately 10,000 words prior to undertake the evaluation mission. The inception report will be based on the scoping and planning mission report, as well as inputs from interviews CAR IAHE Management Group, desk officers in key organizations and Skype/phone interviews with key stakeholders in the CAR, first and foremost the In-country Advisory Group. The team will not undertake an inception mission in the CAR. The inception report will set out the following:

- The team's understanding of the issues to be evaluated (scope), questions that the IAHE intends to answer, and their understanding of the context in which the IAHE takes place;
- Inclusion of a comprehensive stakeholders mapping and analysis;
- Any suggested deviations from the ToRs, including any additional issues raised during the initial consultations and interviews;
- Evaluation framework, selected criteria of analysis and sub-questions;
- An evaluation matrix showing, for each question, the indicators proposed and sources of information;
- Methodology, including details of gender analysis and triangulation strategy;
- Data collection and analysis tools that will be used to conduct the IAHE (e.g., survey, interview protocols, lists of key informants for individual interviews and focus groups, etc.);
- Any limitations of the chosen methods of data collection and analysis and how they will be addressed;
- How will the views of the affected populations as well as protection and gender issues be addressed during the evaluation;
- Data collection and analysis plan;

- Detailed fieldwork plan;
- Detailed timeline for the evaluation;
- Draft dissemination strategy of the evaluation findings (including with the IAHE Management Group and the IAHE In-country Advisory group).

**B. Evaluation Report**

The Evaluation Team will produce a single report, written in a clear and concise manner that allows readers to understand what are the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of:

- Executive summary of no more than 2,500 words;
- Table of contents;
- Summary table linking findings, conclusions and recommendations, including where responsibility for follow up should lie;
- Analysis of context in which the response was implemented;
- Methodology summary – a brief chapter, with a more detailed description provided in an annex;
- Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations;
- Annexes will include: (1) ToRs, (2) Detailed methodology, (3) List of persons met, (4) Details of qualitative and quantitative analysis undertaken, (6) Team itinerary, (7) All evaluation tools employed, (8) List of acronyms; and (9) Bibliography of documents (including web pages, etc.) relevant to the evaluation; (10) Assessment of the usefulness of the IAHE guidelines and process and main recommendations for their improvement.
- For accuracy and credibility, recommendations should follow logically from the evaluation findings and conclusions, and be:
- Categorized as a) Critical, b) Important, or c) Opportunity for learning.
- Relevant, realistic and useful and reflect the reality of the context;
- Specific, measurable, clearly stated and not broad or vague;
- Realistic and reflect an understanding of the humanitarian system and potential constraints to follow-up;
- Suggest where responsibility for follow-up should lie and include a timeframe for follow-up.
- The draft report will be reviewed by the IAHE Management Group and the in-country Advisory Group. The final version will be cleared by the IAHE Steering Group prior to dissemination.

**C. Other evaluation products**

The Evaluation Team will also produce presentations, as requested by the Evaluation Management Group, including presentations to HC/HCT, IASC members, in-country presentations to local communities and affected people, etc.

Additional evaluation products such as briefs and video presentations may be proposed.

**D. Feedback on IAHE processes**

The Evaluation Team will also produce a brief document and presentation with an assessment of the usefulness of the IAHE guidelines and process, and main recommendations for their improvement.

## X. DISSEMINATION AND FOLLOW-UP

The Evaluation Team will conduct the following presentations, at a minimum:

- At the end of the field visit, the evaluation team will conduct an exit briefing with the IAHE In-country Advisory Group and the IAHE Management Group to share first impressions, preliminary findings and possible areas of conclusions and recommendations. The brief will also help clarify

issues and outline any expected pending actions from any stakeholders, as relevant, as well as discuss next steps;
- Upon completion of the final evaluation report, the results of the IAHE will be presented by the Evaluation Team (or Evaluation Manager) to the IASC in New York and Geneva;
- Once the evaluation is completed, presentations of the main findings and recommendations will be made available to various forums as decided by OCHA and the IAHE Management Group. The Evaluation Team may be requested to assist with these presentations.

The IAHE final report will also be submitted to the IASC Working Group, the Emergency Directors Group and the Principals for information.

Once the evaluation results are finalized, national evaluators or other stakeholders will, to the extent possible, help feed back results to communities who participated in the evaluation and to affected people and communities.

In addition to the Evaluation Report and oral briefings, the evaluation findings and recommendations can be presented through alternative ways of dissemination, such as video. The Evaluation Team will consider possible ways to present the evaluation and include a dissemination strategy proposal in the Inception Report.

## XI. THE EVALUATION TEAM

The Evaluation Team will be recruited through a competitive process. The evaluation will require the services of an Evaluation Team of five members with the following collective experience and skills:
- Extensive evaluation experience of humanitarian strategies and programmes, and other key humanitarian issues, especially protection, access, transition, humanitarian finance and funding instruments;
- Excellent understanding of humanitarian situation in the CAR and previous experience working in the CAR and the region;
- Experience with and institutional knowledge of UN and NGO actors, inter-agency mechanisms at headquarters and in the field, as well as humanitarian action in contexts where there is a UN integrated mission, in particular in central African region;
- Extensive knowledge of humanitarian law and principles, and experience with using human rights in evaluations
- Strong understanding and experience of cross-cutting issues, such as gender, resilience, transition, social cohesion, etc. (at least one of the team members should have experience in gender analysis);
- An appropriate range of field experience in insecure environments and willingness to travel in such environments;
- Experience in facilitating consultative workshops involving a wide range of organizations and participants;
- The team leader should have excellent writing and communication skills in French and English;

At least two members of the Evaluation Team should be from the region or originate from there, and from a country that does not play a contentious role in the CAR conflict. The Evaluation Team will include a Team Leader, who is responsible for the overall conduct of the evaluation in accordance with the ToRs, including:
- Developing and adjusting the evaluation methodology;
- Managing the evaluation team, ensuring efficient division of tasks between mission members and taking responsibility for the quality of their work;
- Representing the Evaluation Team in meetings;
- Ensuring the quality of all outputs; and
- Submitting all outputs in a timely manner.

The Team Leader will have no less than 15 years of professional experience in humanitarian action, including experience in management of humanitarian operations. S/he will, further, have at least ten years of experience in conducting evaluations of humanitarian action and demonstrate strong analytical, inter-personal, communication and writing skills.

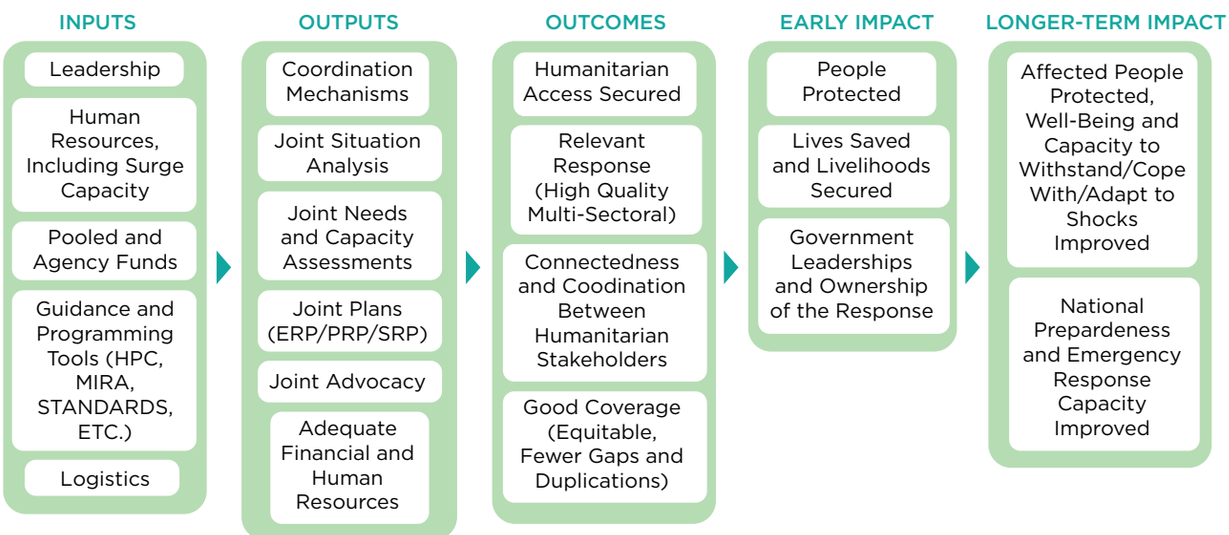
To the extent possible, the Evaluation Team will be gender balanced.

## XII. EVALUATION TIMELINE

| Evaluation Milestones | |
|---|---|
| **Preparation** | **Feb-April 2015** |
| Constituting the Management Group | January 2015 |
| Scoping and Planning Mission | February 2015 |
| Development of Terms of Reference | March 2015 |
| Recruitment of the Evaluation Team (selection and contracting) | April-May 2015 |
| Formation of In-country Advisory Group | May 2015 |
| **Inception** | **June 2015** |
| Inception Report | 26 June 2015 |
| Finalized Inception Report | 07 July 2015 |
| **Data collection, fieldwork** | **July 2015** |
| Field mission with full team | 14-July to 07 Aug |
| **Reporting** | **Aug–Oct 2015** |
| Production of draft report | 28 Aug 2015 |
| Finalized version of the report | 30 Sept 2015 |
| Final approval of the report by IAHE SG | 31 Oct 2015 |
| **Communications/Dissemination/Use** | **Sept-Dec 2015** |
| Presentation of final report to EDG | Oct 2015 |
| Preparation of the Management Response Plan | Nov-Dec 2015 |
| Dissemination to wider humanitarian community | From Oct 2015 onwards |

**IAHE Impact Pathway**

COORDINATED HUMANITARIAN ACTION IMPACT PATHWAY



# ANNEX II: ASSESSMENT TABLE

This table provides a summary of the report's main findings, along with the team's assessments, rationales and relative importance.

**Table 10: Assessment table**

| Assessment | Rationale | Importance |
|---|---|---|
| **IAHE Core Question 1:** To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the Strategic Response Plan achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster? | | |
| **Appropriateness: 3/10**<br>Too little done to consider priorities of populations affected (IAHE), consult them in prioritization process (IAHE), or deliver assistance in an appropriate manner (ALNAP). | • Positive: protection of civilians appropriate to people's primary concern for security.<br>• Negatives: strategy not appropriate to wishes of IDPs to return home, to population's larger expectations of improved national development, or to addressing larger chronic emergency. Assistance often inappropriate due to gaps in participation. | Importance: high to accountability, AAP |
| **Relevance: 6/10**<br>Strategic objectives well aligned with comprehensive needs assessments, but these were of questionable quality and irregular.<br>Strategic objectives not based on needs assessments that are of high quality, comprehensive, differentiated and dynamic, and include protection needs (TA, IASC, HPC, IAHE). | • Positive: SRP objectives highly relevant to comprehensive needs aggregated in the HNO.<br>• Negative: The HNO dependent on the mixed quality, irregular needs assessments. | Importance: high to accountability, principle of impartiality |
| **Monitoring and evaluation: 2/10**<br>Failure to meet Transformative Agenda's requirements for 'performance monitoring'; to apply HPC guidance on monitoring; and to initiate a monitoring process with OCHA technical support and information management. | • Positives: OPR conducted and led to course corrections.<br>• Negatives: Stakeholders unanimous in seeing weaknesses in M&E, no framework or system existed for monitoring response, M&E technical support and appropriate tools lacking. | Importance: critical to strategic leadership, accountability to stakeholders, and learning opportunities for course correction |

| Assessment | Rationale | Importance |
|---|---|---|
| **Results: 5/10**<br>Achievements were modest and partial compared to targets and expectations, with important gaps in livelihoods, resilience and recovery. | • Positives: modest partial strategic results 2014, half of 48 cluster targets achieved by two thirds in 2014, similar results so far in 2015, overall modest results in providing access to basic services, protection, and delivery of assistance, affected population appreciative of the response.<br>• Negatives: around a fifth of 48 cluster indicators less than a third achieved in 2014, poor results in livelihoods and recovery, affected population questioned quality and quantity of assistance. | Importance: usually central to effectiveness, but less important here because objectives were poorly conceived, targets inadequate, and value added indirectly |
| **Protection: 7/10**<br>Highly satisfactory strategic collaboration with MINUSCA addressed 'protection crisis' as well as humanitarian needs, but lacked a comprehensive protection strategy to address multiple expectations, right to return and excluded vulnerable groups. | • Positives: positive contribution to protection in a larger sense than programmes, and a strong contribution to improving protection of civilians through protection by presence, alerting MINUSCA to threats, and protection advocacy.<br>• Negatives: inadequate contribution to upholding human rights, especially the right of return for IDPs, a comprehensive strategy was lacking to address the Central African Republic's manifold complex protection challenges, protection strategy was delegated to the protection cluster, and protection programmes focused on specific groups. | Importance: high to relevance, accountability to affected population |

| Assessment | Rationale | Importance |
|---|---|---|
| **Community resilience: 2/10**<br>The HC/HCT and the IASC did too little to promote resilience (TA), help build it (HPC), or strengthen livelihoods for this purpose (IAHE). | • Positives: The MIRA recognized large-scale need for resilience and livelihood support.<br>• Negatives: HNO 2014 made no mention of resilience, strategic planning on resilience was unclear, resilience was understood only in terms of food security and deferred for development actors, although requirements were wider and more urgent. Confusion surrounds the term resilience. | Importance: Essential to accountability/national development, especially in the absence of state-led development, and an increasing challenge as L3 capacity diminishes |
| **Outcomes: 9/10**<br>Highly satisfactory outcomes in relation to SRP 2014 goal, and humanitarian goals: saving lives, reducing suffering, upholding dignity. | • Positives: contributed enormously to relieving crisis, saving many thousands of lives, preventing more disastrous outcomes; developed a collective response, and achieved early steps on IAHE's notional pathway towards strengthened resilience and national response capacity.<br>• Negatives: missed the opportunity of greatly increased resources to address the Central African Republic's protracted crisis, and negative effects reported: aid dependency, inflation, employment boom, short-term planning. | Importance: very high to SRP impact, i.e., reducing suffering |

| Assessment | Rationale | Importance |
|---|---|---|
| **IAHE Core Question 2:** To what extent have national and local stakeholders been involved and their capacities strengthened through the response? | | |
| **Involvement: 5/10**<br>On balance, too little development of national leadership and ownership (IAHE), some local entities were too easily bypassed, and a hand-over strategy missing but essential post-L3. | • Positives: response largely bypassed incapacitated government in 2014, and made increasing efforts to engage it in 2015, despite concerns about integrity.<br>• Negatives: national and local stakeholder involvement insufficient, few national actors participated in the response, complained of barriers to receiving funding, less satisfied with involvement than others, expected to make useful contributions. | Importance: high for accountability, national development and post-L3 capacity drain |
| **Capacities: 4/10**<br>Lacked a strategy for improving national emergency response capacity and too little effort to strengthen capacity to respond to the next crisis (IAHE). | • Positives: humanitarians tried to strengthen some national and local capacities.<br>• Negatives: lacked a systematic approach, and did too little to build national emergency response capacity. | Importance: high for accountability, national development and post-L3 capacity drain |

| Assessment | Rationale | Importance |
|---|---|---|
| **National development: 3/10**<br>The response did too little to start early recovery, provide a path to durable solutions (an exit strategy), and connect with long-term development. | • Positives: recovery highlighted at a strategic level in the HRP 2015.<br>• Negatives: no strategic approach to recovery in 2014, actors perceived continued absence of recovery activities in 2015, and actors considered it premature to think about development (amid displacement and insecurity) whereas people affected expected development and humanitarian action to work together. | Importance: Highly important to accountability/national development, and critical to chronic crisis |
| **IAHE Core Question 3:** Was the assistance well coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof**?** | | |
| **Coordination: 4/10**<br>Basic operational coordination or 'collaboration' was done well enough, but key coordination mechanisms worked poorly despite generous funding, and strategic coordination remained a significant gap. | • Positives: Coordination architecture established (HCT, ICC, clusters and information management), coordination of assistance (i.e.. operational coordination) mostly effective, despite duplications of effort in Bangui and coverage gaps at subnational level.<br>• Negatives: United Nations-led coordination model questioned and its application widely criticized by INGOs and global stakeholders, coordination mechanisms (HCT, ICC, clusters and information management) were weak and functioned poorly, gaps in 'strategic' coordination. | Importance: an integral factor for effectiveness along with the L3 mechanism, operational programmes and international peacekeepers |

| Assessment | Rationale | Importance |
|---|---|---|
| **Factors** | • Key factors of effectiveness: L3 mechanism, international peacekeepers, coordination and operational programmes.<br>• External barriers to effectiveness: funding gaps, insecurity, state collapse, lack of infrastructure<br>• Internal barriers to effectiveness: lack of strategy and analysis, poor security risk management, lack of a galvanizing narrative, human resource gaps and poor distributions.<br>• Process elements that contributed most: needs assessment, avoiding gaps and duplication, empowered leadership.<br>• Process elements that could have contributed more: preparedness, strategic planning and monitoring and evaluation. | |
| **IAHE Core Question 4:** To what extent were IASC core humanitarian programming principles and guidance applied? | | |
| **L3 mechanism: 8/10**<br>Despite misunderstandings and misuse, highly satisfactory because it mobilized much greater financial and human resources to scale up, engaged the IASC/EDG to implement special measures, and turned HC/HCT-led response into an all-of-system response. | • Positives: application highly effective, main factor of success, had large positive impact on mobilizing resources for scaled-up response and enacted IASC processes to address capacity gaps.<br>• Negatives: misunderstandings about its purpose, brought human resourcing challenges, perpetuated itself instead of preparing transition, and 'misused' as a fund-raising tool. | Importance: Critical to effectiveness, i.e., in addressing immediate needs, but not to addressing chronic or complex emergency |

| Assessment | Rationale | Importance |
|---|---|---|
| **Leadership: 5/10**<br>Mixed picture because deployment of SHC made response more coordinated and streamlined decision-making, but weak HCT leadership and poorly functioning coordination mechanisms undermined response. | • Positives: application of empowered leadership mainly successful at the HC level, contributed to effectiveness, appointment of an SHC contributed significantly, and initial SHC deployment critical to making improvements.<br>• Negatives: SHC later undermined by structural weaknesses, HCT leadership far less successful, remained inadequate and undermined by HCT's poor functioning. | Importance: Highly important to coordination, and therefore effectiveness |
| **Humanitarian Programme Cycle: 4/10**<br>Disappointing because all steps carried out, time and effort invested, and helped resource mobilization, but contributed little otherwise to effectiveness, speed, efficiency, transparency, accountability and inclusiveness (HPC). | • Negatives: overall application disappointing, generated little interest among operational actors, seen as inefficient burden, and poorly understood by coordinators and surge staff. | Importance: Important opportunity to improve coordination, and effectiveness |
| **Preparedness: 2/10**<br>Weak because too little done to strengthen capacity-building, early warning systems and preparedness (TA), and to enact five elements in HC-led process (HPC) and also suffered from inherited lack of preparedness. | • Negatives: inadequate, doubts and uncertainties, weak contingency planning and ongoing challenges. | Importance: high, coordination/effectiveness |

| Assessment | Rationale | Importance |
|---|---|---|
| **Needs assessment: 6/10**<br>A relative strength because the MIRA and the HNO provided a collective output (IAHE) to inform strategic prioritization (TA), yet constituent needs assessments were not consistently coordinated, rapid, or repeated or inclusive (TA). | • Positives: Collective needs assessment and analysis fairly successful, most appreciated aspect of the HPC, both IASC assessment tools (the HNO and the MIRA) applied, allowed for analysis and prioritization, and RRM allowed some timely assessments.<br>• Weaknesses: Questions raised about quality of needs assessment, stakeholder involvement, and evolving needs. | Importance: high, coordination/effectiveness |
| **Strategic planning: 2/10**<br>Highly inadequate because rushed, externally imposed, burdensome, without leading to jointly owned objectives or shared strategy (TA). | • Positives: SRP process helped resource mobilization.<br>• Negatives: weaknesses widely perceived, poorly managed, weighed down by IASC expectations, resulted in unknown objectives, generated confusion, and missed the opportunity to offer solutions. | Importance: very high, coordination/effectiveness |
| **Accountability to Affected Populations: 2/10**<br>The response failed to systematically provide AAP, falling short on all aspects: leadership, transparency, participation, feedback and complaints, and monitoring and evaluation. | • Positives: IASC pressure, and thematic adviser deployed.<br>• Negatives: response did not listen well to the affected population, AAP poorly applied, neglected at the strategic level, thematic adviser insufficient to implement IASC AAP commitments, widely misunderstood, and lack of IASC practical guidance. | Importance: Very high, key accountability (ethical, acceptance), also effectiveness/quality. Reduced potential for frustration, fraud and violence. |

| Assessment | Rationale | Importance |
|---|---|---|
| **IAHE Core Question 5:** Other important findings | | |
| **Coverage: 5/10**<br>Despite major efforts to scale up (TA, L3) and much increased coverage, coverage was less than satisfactory because of problems with targeting and strategy as well as funding, insecurity, and access. Failure to either address or advocate for meeting all needs. | • Positives: increased coverage to reach many people in need,<br>• Negatives: scale of targeting and funding insufficient compared to needs, funding gaps left some sectors poorly covered, people in the bush and people in host families largely unassisted, and response's focus on Bangui and western regions was contested. | Importance: Critical to impact, accountability/ humanity, impartiality |
| **Specific needs: 3/10**<br>Coverage of specific needs was inadequate, because the response paid too little attention to collection and analysis of SADD, and identification and targeting of specific needs and vulnerabilities. | • Positives: Assistance targeted at predefined vulnerable groups, especially refugees, IDPs and children (IASC).<br>• Negatives: Assistance neglected specific needs of vulnerable groups, systematically underserving people with disabilities, boys and young men, older people, people without family including widows, and others. | Importance: High to protection/effectiveness, impartiality |
| **Secure access: 4/10**<br>Actions to secure access were unsatisfactory in 2014, because they underused humanitarian space, and were perceived as contradictory for relying on international forces while promoting independence. | • Positives: signs of improvement in 2015 as MINUSCA deployed and United Nations security management strengthened.<br>• Negatives: Insecurity greatly restricted access during 2014, poor security management limited humanitarian space, and paradox perceived of relying on international forces while seeking acceptance through independence. | Importance: High to accountability/humanity, effectiveness of operational programmes. But not the only barrier to effectiveness, sometimes overstated or presented as insurmountable |
| **Conflict sensitivity: 8/10**<br>The response was highly commendable in its conflict-sensitive approach in line with the context, even though conflict sensitivity is not mentioned in the Transformative Agenda, IAHE, or the HPC. | • Positives: The response made multiple efforts to be conflict-sensitive, took innovative steps to reduce conflict through local 'humanitarian mediation', and was seen as impartial by the divided communities.<br>• Negatives: Response-linked conflict risks remained; some saw the need for more efforts in this area. | Importance: Highly important to accountability/ impartiality, acceptance by communities, and conflict reduction. |

# ANNEX III: EVALUATION METHODOLOGY

This Inter-Agency Humanitarian Evaluation (IAHE) was conducted from June to November 2015 in three phases: inception (June–July); data collection and analysis (July–September), and reporting (September–November). Key aspects of the methodology included: user engagement, framework development, stakeholder consultation, mixed method data collection, listening to the affected population and triangulation at three levels.

## User engagement

Recognizing the multiple expectations listed in the ToR and IAHE Guidelines, we developed three user-focused objectives for this evaluation: (i) Accountability to stakeholders: To conduct an independent assessment of strategic results (and overall assessment of inter-agency response) in order to provide collective accountability (including a basis for dialogue among) to all stakeholders, in particular affected population and global stakeholders (including donors); (ii) Humanitarian learning: To assess how key response mechanisms (i.e., inputs and outputs/HPC and pillars of the Transformative Agenda) contributed to results, in order to capture lessons (and good practices) for operational and global stakeholders; and (iii) Strategic direction: To provide policy recommendations to the IASC and practice recommendations to the HCT, in order to inform preparation of the HRP 2016 and enable key improvements.

As requested, this evaluation is aimed first at the HC and the HCT, who are expected to use the results to ensure accountability and learning for the ongoing response, and second at the IASC Principals, Working Group and Emergency Directors Group, who are expected to use IAHE results and lessons learned to contribute to global policy and practice. Recognizing that a range of actors had diverse interests in the evaluation, that the collaboration of some actors was critical to the evaluation process, and that evaluators needed to manage their engagement in a strategic manner, we conducted an analysis of evaluation stakeholders and presented these according to a standard 'power-interest' stakeholder matrix (Table 12).

Throughout the evaluation, we worked with the IAHE management group to engage key stakeholders (to the right degree in a value-adding process). At the country level, engagement efforts included preparations made by the IAHE scoping mission in March 2015, subsequent interactions with the in-country advisory group and the presentation of preliminary findings to a special session of the HCT in Bangui on 6 August. At the global level, engagement efforts included a 'campaigning approach' to IASC members, notably by consulting several lead actors in the IASC, and presenting preliminary findings to a special session of the IASC WG/EDG in New York on 18 September. At the technical level, engagement efforts included consulting heads of evaluation and key advisers from key agencies at the inception phase and presenting methodology feedback to the IAHE Steering Group in Geneva on 19 October.

## Framework development

A challenge for this evaluation was establishing a suitable evaluation framework. Reflecting on the inter-agency response (see Context section) and assumptions underlying it, three main questions arise: (i) What did the inter-agency response achieve in relation to saving lives and reducing suffering? (ii) How well applied were inter-agency coordination mechanisms, and how much did they contribute to achievements? (iii) How responsible and accountable was the inter-agency response, in relation to the population affected, local and national stakeholders?

Given the multiple expectations of an IAHE identified at the inception phase, developing an analytical framework required taking into account and aligning the following: four core questions from the IAHE Guidelines, eight key themes identified in the scoping mission, and the nine ALNAP criteria (including coordination), as well as eight SRP strategic objectives and an unspecified number of IASC core humanitarian principles and guidance. Building questions involved a process of aligning similar elements across these requirements, and seeking to discard elements that were not applicable in the Central African Republic (see matrix 'Building questions', available on request). We disaggregated the core questions in the IAHE Guidelines into eight key evaluation questions (KEQs), which would be addressed on the basis of detailed findings reached at level of 24 sub-questions.

### Core IAHE questions

The evaluation's analytical framework will be structured around the following core questions:

1. To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the Strategic Response Plan achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster?
2. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?
3. Was the assistance well coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?
4. To what extent were IASC core humanitarian programming principles and guidance applied?

Source: 'IAHE Guidelines 2014'.

Using the IAHE core evaluation questions posed important conceptual challenges. The questions gave useful practical direction for the evaluation, embodied a valuable joint vision of topics to be covered, and correctly went beyond the ALNAP and OECD/DAC criteria, which are not designed for assessing an inter-agency response. However, the questions themselves were complex in their formulation and often multi-barrelled (we disaggregated them into 17 questions), not clearly harmonized with other frameworks (such as the SRP, ALNAP criteria, or the Transformative Agenda), and not linked to an explicit logic model (such as the IAHE Impact Pathway) or larger humanitarian principles. In conducting the evaluation, we used the questions to construct a 'working framework' to guide data collection and analysis.

Table 11: Working framework

| Criteria | Indicators | Topics |
|---|---|---|
| **1. Effectiveness** | 1.1 Results | • Strategic objectives<br>• Protection |
| | 1.2 Outcomes | |
| | 1.3 Factors | |
| **2. Coordination** | 2.1 Programming principles | • Coordination (L3, mechanisms, gaps)<br>• Leadership<br>• Accountability |
| | 2.2 Guidance | • HPC<br>• Preparedness<br>• Needs assessment<br>• Planning |
| | 2.3 Monitoring | • Systems (systems, tools, evaluation) |
| **3. Accountability** | 3.1 Humanitarian principles | • Humanity (coverage, secure access)<br>• Impartiality (relevant to needs, specific needs)<br>• Neutrality<br>• Independence |
| | 3.2 Affected population | • AAP<br>• Appropriate to priorities |
| | 3.3 National development | • National and local authorities<br>• Recovery and development<br>• Resilience<br>• Conflict sensitivity |

More specifically, Question 2 on stakeholders stops short of asking about connectedness to development, resilience and conflict sensitivity. Question 3 on coordination offers insufficient definition of that concept, requiring an excavation of its multiple layers of meaning built over the period 1991 to 2011. Question 4 on IASC principles and guidance falls short of specifying which ones are meant to be applied, considering IASC offers an abundance (we found more than 200) of detailed guidance documents on its website. In making assessments about how well applied was IASC guidance, we considered defining criteria for what constituted 'good application', using a five-point scale, but concluded this was beyond our remit and that the response was accountable for strategic results and higher principles more than for its process. This is not to understate the importance of process accountability, recognizing that ensuring quality of process may be part of an inter-agency response's accountabilities. Looking forward, we recommend that the IASC/IAHE consider deriving a finite number of core evaluation questions (7–9 maximum) from an explicit logic model and theory of change.

Using the IAHE Impact Pathway posed further challenges. The Impact Pathway describing an 'ideal humanitarian response' provides a useful logic model and an essential tool for assessing a strategic intervention like the inter-agency response. It also helpfully proposes that a humanitarian response should ultimately strengthen community resilience and national disaster management capacity –

beyond meeting urgent needs. However, what remains unclear is the authority and applicability of the model, its status in relation to logic models proposed in the SRP 2014 and the HRP 2015, and its appropriateness in cases of chronic crises and conflict-driven emergencies. Further, the graphic model lacks a narrative explanation of the intended results chains and their basis in evidence. For this reason, we recommend the IASC/IAHE consider developing and cultivating an evidence-based Theory of Change for all humanitarian responses, with adaptations for chronic crises and conflict-driven emergencies such as that of the Central African Republic, as well as sudden onset natural disasters, to be used for guiding strategy, learning and accountability.

The evaluation would have benefited greatly from a strategic monitoring, evaluation and learning framework and corresponding system for data collection and analysis. The Humanitarian Programme Cycle offers useful practical guidance for a collective response, embodying valuable lessons learned from years of humanitarian experience. However, the HPC falls short of offering a complete model for application, standing alongside decades of previous guidance (not deleted or formally superseded); it lacks a description of higher principles and policies allowing for strategic prioritization; and it rests on the assumption that coordination and leadership drive effectiveness, whereas the Central African Republic evaluation shows other factors are equally or more important. Determining and investing in key drivers of effectiveness is essential to a 'strategic' approach beyond implementing the HPC as a 'technocratic' process. The HPC would greatly benefit from a monitoring, evaluation and learning framework and system to guide evaluation; strengthen strategy, performance monitoring and collective learning; and provide strategic focus for the inter-agency information management function. For this reason, we recommend the IASC/IAHE consider developing a strategic monitoring, evaluation and learning framework and system within the HPC as an essential means to strengthen strategy, monitoring, evaluation and learning.

## Stakeholder consultation

A key feature and strength of this evaluation was a highly structured approach to stakeholder consultation. According to this approach, we conducted a stakeholder analysis exercise, constructed three stakeholder groups, devised purposive sampling strategies for each, collected data from stakeholders accordingly, triangulated evidence from each group, and triangulated findings across all groups. In total, we consulted 134 stakeholders[1] (not including eight IAHE users).

To define the universe/totality of actors involved in the inter-agency response, we conducted a mapping exercise and analysed the different 'stake' of each actor in the inter-agency response (available upon request). On this basis, we constructed three primary stakeholder groups: global stakeholders with a shared governance role; operational stakeholders with responsibility for implementing the response; and the affected population, who are most affected by the crisis and the response.

[1] This number reflects 'stakeholders' consulted, not individuals consulted or where more than one individual represented the stakeholder.

**Table 12: Key stakeholders in the Central African Republic's inter-agency response**

| | Who are they? | What stake/s in response? |
|---|---|---|
| **Global stakeholders** | • IASC membership<br>• Major donors<br>• Peace and security actors<br>• Human rights actors<br>• Development actors<br>• Regional and transnational bodies | • International responsibility<br>• Shared governance<br>• Financial and political investment<br>• Strategy and knowledge management |
| **Operational stakeholders** | • HCT membership<br>• UN organizations<br>• INGOs<br>• NNGOs<br>• Red Cross and MSF*<br>• State actors<br>• Operational donors | • Participants in SRP<br>• Programme implementation<br>• Response coordination<br>• Quality and accountability<br>• Advocacy and partnership |
| **Affected population** | • Population/s affected by emergency<br>• Beneficiaries in SRP<br>• Representatives, government and civil society | • Intended benefits (reduced mortality/morbidity, dignity, protection, resilience)<br>• Unintended consequences |

*Non-participants in SRP

To ensure that we consulted the right people, we developed sampling strategies for each group (see Table 13). Thus, for each stakeholder group, we provide a definition of the entire population, selection criteria for the sample frame, approaches to stratification and inclusion, and a proposed sample size. These strategies are intended to be criteria-based purposive samples,[2] and make no claim to randomized or probability sampling.

In practice, we consulted the number and range of stakeholders expected with few qualifications. Among global stakeholders, we consulted a total of 13 stakeholders, including a fair spread of IASC operational members, both United Nations and INGOs, as well as wider humanitarian stakeholders in the international response to the crisis. Due to difficulties in recruiting such high-level stakeholders, this is two fewer than expected and includes more technical voices than the purely political level expected. Among operational stakeholders, we consulted a total of 51 stakeholders, including many of the key HC/HCT actors, a good spread of the largest United Nations and INGO actors, and a few but adequate number of main national actors in the response. Among the affected population, we consulted a handful of national leaders and a good spread of communities and a range of key informants by gender, age and vulnerability within them. National leaders, including leaders of armed groups and the business community, contributed diligently, noting this was the first time they had been invited to contribute their views on the humanitarian response. It is regrettable that we could not speak as a matter of course to acting political leaders, who are the formal representatives of the affected population; this ought to be a requirement of all IAHEs.

[2] See Better Evaluation, 'Sample,' accessed 25 June 2015 from: <http://betterevaluation.org/plan/describe/sample>.

**Table 13: Stakeholder consultation, purposive sampling strategy**

| Stakeholder group | Entire population | Selection criteria (main category sought) | Stratification (level of disaggregation) | Inclusion strategy | Expected number to be consulted |
|---|---|---|---|---|---|
| **Global stakeholders** | Population mapped, with OCHA NY | Active involvement | By type (i.e., who they are)<br>By stake (i.e., what stake) | None, based on function only | *n* = 15-20 |
| **Operational stakeholders** | Population mapped, with OCHA CAR<br>OCHA counts 105 actors in the cluster system. SRP 2014 reports 76 actors<br>Additional non-SRP actors to consider: large faith-based actors, and stabilization actors | Size of response<br>Strategic level | By sector<br>By geography | None, based on function only | *n* = 45-60 [15-20x UN, 15-20x INGO, 15-20x national actors] |
| **Affected population** | Defined populations and geographies targeted in SRP 2014 and HRP 2015 | Populations most affected and targeted with large/ most assistance | IDP sites and mixed/host communities<br>Christians and Muslims<br>Geographic (representing multiple regions in CAR, Bangui and outside) | Include the following:<br>women and men;<br>children and older people;<br>people with disabilities;<br>most vulnerable and most resilient. | 3-5 case studies (communities)<br>1 x community at risk,<br>1-2 x large IDP sites,<br>1-2 x mixed populations (IDPs, hosts, returnees)<br>*n* = 5-7 in-depth interviews per case study;<br>as well as conversations with 9-12 other individuals;<br>general observations;<br>verbatim quotes and vox pop insights |

Table 14: Stakeholders consulted

| Group | Total | Stratification | Comments |
|---|---|---|---|
| **Global stakeholders** | Global stakeholders: 13 | • 5 IASC<br>• 5 UN<br>• 2 INGO<br>• 2 human rights<br>• 2 peace and security<br>• 2 major donors<br>• 1 IGO | • 2 fewer than target, difficulty in reaching high-level actors<br>• adequate spread of views |
| **Operational stakeholders** | Operational stakeholders: 51<br>• UN/IGO actors: 20<br>• INGO actors: 20<br>• National actors: 11 | • 2 HCs<br>• 6 UN reps/3 AIs<br>• 3 cluster coordinators<br>• 4 OCHA<br>• 17 INGO heads<br>• 9 largest NNGOs<br>• 2 government actors | • Adequate samples of inter-agency response, including UN and INGOs, and few national actors, as in response<br>• ICRC and MSF consulted, though not funded through SRP<br>• Other flows of assistance not included, such as direct faith-based assistance, international Muslim assistance, and remittances |
| **Affected population** | Affected population: 70<br>• National leaders: 12<br>• Bambari: 12<br>• Batangafo: 11<br>• Kouango: 11<br>• Boda: 15<br>• PK5: 9 | • National and community levels<br>• Political, religious and civil society representatives<br>• Three large IDP camps<br>• Two enclaves (communities at risk)<br>• Two mixed populations | • Contacted president and prime minister but advised not to proceed by HC/HCT<br>• Logistics meant we could not cover M'Poko<br>• Relatively strong coverage of Muslim populations<br>• Cases of current strategic importance |

## Data collection

The evaluation used a mixed methods approach to data collection. To collect and analyse data, we used the following methods: document review; data analysis; in-depth interviews with global stakeholders, operational stakeholders and representatives of the affected population, and case studies to consult affected populations and beneficiaries.

### Document review

We hoped to conduct a document review before the field mission, but demands meant it was extended until the analysis period. It involved the following steps: assessing all 208 documents collected, for review, reference, or data analysis; we categorized these using the reference management tool Zotero (see Bibliography); preparing a sample of 22 key documents for detailed review; compiling relevant text in evidence matrices; and reporting evidence and detailed findings to sub-questions. The key documents were in turn added to source evidence from each stakeholder group: global stakeholders, operational stakeholders and affected population.

## In-depth interviews

We conducted semi-structured discussions using in-depth interviews across the following groups: global stakeholders, operational stakeholders and the affected population. For this, we drafted discussion guides tailored for each stakeholder group; defined an interview protocol for each stakeholder group; prepared evidence matrices for each; identified a sample frame of intended respondents; arranged, conducted and transcribed interviews; stored data in evidence matrices and backed up data. Next we reached detailed findings for sub-questions from each stakeholder group, and reported evidence to support the findings.

## Stakeholder polling

While consulting institutional stakeholders, we asked a few 'polling' questions to collect quantitative ratings on specific matters: results and process. The quantitative polling questions were asked systematically during the in-depth interviews alongside qualitative questions, but not asked to members of the affected population. To this end, we prepared polling questions and protocols, tailored for each group; asked polling questions to all respondents; tabulated all polling data collected; conducted analysis of frequencies and correlation of causal factors; and prepared charts (see Annex VI).

## Case studies

In order to collect the views of affected populations we conducted five case studies of different communities, including communities at risk. To this end, we identified six affected communities, defining selection rationale and limitations; collected background information on the community, the emergency and the response; defined key questions to be addressed in case studies; developed a protocol for identifying key informants and collecting personal testimonies; consulted with OCHA on matters of access, security, transportation and timing; and prepare one-page case study plans for sharing with the team and OCHA (available upon request). With OCHA's support, we arranged 2–3 days visits to each community, including transportation, necessary permissions, accommodation and contacts; then conducted and transcribed 9–12 detailed conversations with key informants, ensuring appropriate balance of age, gender and vulnerability; and prepared short five-page reports addressing key questions (reports available).

## Data analysis

In addition to analysis of questions in the polling exercise, we conducted analysis of data compiled on the inter-agency response. This included financial data, results and timeliness, and data about human resources. We identified opportunities for data analysis during the document review and mission to the Central African Republic.

In order to make sense of performance monitoring data reported in OCHA's periodically published Humanitarian Dashboard documents, we grouped results by sector area into a consolidated database (OCHA was not able to provide an existing database of this monitoring information), and categorized indicators into those performing at less than 33 per cent, between 33 and 66 per cent, and more than 66 per cent. These coded data were then subjected to a basic frequency analysis and used to generate descriptive statistics and histograms of changes in the percentages of indicators performing at various levels within each sector over time. Although somewhat crude, this analysis was useful in visualizing sector-wise performance, triangulating with other evidence, and increase comparability.

The financial analysis compared data from the SRP appeal[3] and FTS reporting of funding received.[4] This allowed a comparison between funds requested and funds received. However, the amounts requested in the SRP did not always match the amounts in the FTS columns A and B (original requirements and revised requirements), complicating the analysis.

[3] Humanitarian Country Team (2014a).

[4] 'Strategic Response Plan(s): Central African Republic 2014 Table D: Requirements, funding and outstanding pledges per Cluster Report as of 11 July 2015' (Appeal launched on 16 December 2013), <http://fts.unocha.org> (Table ref: R32sum).

## Listening to people affected

The evaluation made systematic efforts to listen to the affected population and intended beneficiaries. At the national level, we identified and consulted national leaders, including political leaders, civil society leaders, private sector leaders, armed group leaders and well-informed individuals. In practice, this was a very small sample of leaders, in a country where political power is contested and integrity questioned.

National leaders were greatly interested in commenting on the humanitarian response. It was notable how willing some of leaders were to contribute to the study, perhaps highlighting the absence of national voices in overseeing the humanitarian response. The leaders of armed groups had a great deal to contribute, feeling they had been bypassed too often by the humanitarian response, missing opportunities to provide safe access. Their input also suggested the larger United Nations leadership was not involving them adequately in the response and too slow to proceed with DRR, leading to real risks of renewed conflict; we reported these findings to the United Nations political leadership. We intended to interview the President of the Central African Republic, Catherine Samba-Panza, and the Prime Minister, Mahamat Kamoun, as the formal representatives of the affected population, but were requested not to do so by the HC/HCT on the grounds that it might complicate political relations, suggesting how easily humanitarian matters are subjugated to political matters under the triple-hat United Nations leadership.

At the community level, we consulted five affected communities including Christian IDP populations, Muslim communities at risk, and mixed communities of returnees and host families. We selected large IDP camps: Batangafo, Bambari and M'Poko; communities at risk or Muslim enclaves; Boda and PK5; and mixed communities: Bambari and Kouango. Due to logistical difficulties (team member unable to leave Batangafo), we were unable to consult the community in M'Poko. The sample of communities offers a fair spread of communities affected, displacement situations, religious/ethnic balance and regions most affected. As required in the ToR, it reflects the voice of Muslim "communities at risk."

In each community, we collected 9–12 personal stories from key informants. Following an agreed protocol inspired by an 'anthropological' listening approach,[5] we prepared case study plans for each community. On arrival, we began by summarizing the context with document review and interviews with OCHA staff about the community; then we identified possible key informants from affected population, people who could speak from personal experience about their community (including a balance of age, gender and vulnerability). In some cases, we engaged a local informant who also acted as an interpreter at a market cost. We proceeded to hold in-depth discussions to collect personal narratives, asking respondents about their experience of the crisis, perceptions of humanitarian results, levels of participation and messages for humanitarian and political leaders. We remained ready to use other methods to supplement findings (e.g., meetings with gatekeepers, focus group discussions, vox pop surveys, participation and observation). For each community, we produced five-page summary reports mainly composed of personal testimonies to address the key questions of results and connectedness.

In the community consultations, we were guided by four key ethical principles. First, we insisted on our independence from aid providers, holding discussions with one or two people separately from any service provider or government officials. Second, we guaranteed confidentiality, using pseudonyms of their choice to encourage freedom of speech and in line with our obligations. Third, we were highly sensitive to conflict risks, making sure we neither said nor did anything that might aggravate the conflict; this meant behaving even-handedly in everything, and choosing key informants and interpreters carefully. Fourth, we reached out to find vulnerable persons, ensuring we heard from the most vulnerable children, women, older people, people with disabilities and other minorities.

[5] Anderson, M.B., et al.(2012).

Analysis of the affected population brought together findings from national leaders, from the five communities studied, and from a larger study conducted by the Norwegian Refugee Council into the perceptions of the affected population. Reassuringly, we found considerable convergence of views from the different sources, and realized these views were not being heard by the response, for reasons addressed in the report (see AAP section, p. 80).

## Analytical strategy

The evaluation used a 'triple-triangulation' analytical strategy. The strategy involved the following sequence: (i) Triangulation of evidence collected from each stakeholder group to reach detailed findings; (ii) Triangulation of evidence across stakeholder groups and methods to reach synthesis findings; and (iii) Triangulation of analysis by team members to reach assessments. This rigorous and structured approach allowed us to obtain high-quality findings, which are each supported by a transparent chain of evidence.

An analytical strategy was developed for addressing each question. Using an evaluation matrix at the inception phase, we recognized the need to use different analytical strategies for each line of inquiry: (i) effectiveness, (ii) process and (iii) accountability. Thus we asked questions about effectiveness to all stakeholders; questions about process only to global and operational stakeholders; and questions about development and connectedness mainly to operational stakeholders and the affected population.

The strategy was implemented in a structured manner. We collected relevant data for each sub-question; conducted detailed analysis using evidence triangulation; presented preliminary findings to the HC/HCT and the IASC WG/EDG for validation; conducted a synthesis analysis using source triangulation; and made evidence-based judgements or assessments of performance for each question using analyst triangulation. Thereafter, we reported synthesis findings in a draft report for each core question; prepared conclusions drawing out the main overall themes; proposed recommendations for development with stakeholders; and shared the draft report for feedback and validation. In the report, we state which criteria are used to assess evidence and reach findings for each question. In general, we relied on the SRP and HRP strategic objectives and indicators and the IASC protection document to assess effectiveness; on IASC Transformative Agenda Chapeau and compendium document to assess application of programming principles; on the Humanitarian Programme Cycle module to assess application of guidance; on AAP principles to assess AAP; and on the perceptions of the affected population to assess connectedness to development.

The analytical strategy allowed us to limit the scale of inquiry. At the inception phase, we were concerned to reduce the scope and scale of the inquiry to priority areas, and to focus inquiry on key areas rather than let the scope grow beyond what is manageable, or allow ambition to undermine quality. First, we considered results to be the most important part of the evaluation, as advised by stakeholders and in line with objective 1 and the primary concern with accountability to all stakeholders. But since there are eight SRP objectives, we sought to limit the scope of inquiry, and focus on high-level results as much as possible, not sector-based results. Second, we recognized the importance of the coordination process especially insofar as it determined effectiveness, but worked to keep proportional the analysis of how well applied were principles and guidance, as these are very wide ranging and would imply assessing an unmanageable number of poorly prioritized principles, guidelines and tools. Third, we recognized that operational stakeholders in the Central African Republic are already greatly burdened by process demands, and that interviews should last no longer than an hour, and focus on topics where they can add most value – not on every topic. We worked hard to tailor data collection to analytical requirements.

## Reporting

Once data are collected and detailed findings reached using each method, we will conduct a synthesis exercise and prepare the final report:

- Collation: Collate detailed findings by sub-question from each method
- Deliberation: Analysts meet to deliberate on overall findings
- Analysis: Analyse using method triangulation
- Drafting: Report synthesis findings in draft report for each core question
- Zero draft: Submit zero draft
- Conclusions: Prepare conclusions drawing out the main overall themes
- Recommendations: Propose recommendations for development/dialogue with stakeholders
- First draft: Submit first draft
- Validation: Share draft report for validation
- Feedback: Address feedback and prepare a feedback matrix
- Production: Produce final report: annexes, methodology, proofread
- Quality: Quality control substantive review and edit
- Final report: Submit finalized report
- IAHE feedback: Submit feedback report on the IAHE Guidelines

Table 15: United Nations actors consulted

| | |
|---|---|
| **Claire Bourgeois, SHC, 30 July 2015** | UN/HC |
| **Aurélien Agbénonci, DSRSG/RC/HC, 27 July 2015** | UN/HC |
| **Bienvenu Djossa, Representative, and Guy Adoua, Deputy Director, WFP, 27 July 2015** | UN/Rep |
| **Itama Christian, Représentant ad interim, WHO, 24 July 2015** | UN/Rep_AI |
| **Laurent Rudasingwa, Deputy Director/Programmes, UNDP, 27 July 2015** | UN/Rep_AI |
| **Jean-Alexandre Scaglia, Representative, FAO, 23 July 2015** | UN/Rep |
| **Kouassi Lazare Etien, Representative, UNHCR, 23 July 2015** | UN/Rep |
| **Anne Kathrin Schafer,**<br>**Project Manager Community Stabilization, IOM, 30 July 2015** | Rep_AI |
| **Marc Vandenberghe, Representative, UNFPA, 31 July 2015** | UN/Rep |
| **Musa Yerro Gassama, Representative, OHCHR CAR, 24 July 2015** | UN/Rep |
| **Tim Headington, Security Chief, UNDSS, 22 July 2015** | UN/DSS |
| **Baptiste Martin, MINUSCA POC, 27 July 2015** | UN/POC |
| **Eric Levron, Coordinator of recovery cluster (livelihoods and community stabilization), UNDP, 24 July 2015** | UN/CC |
| **Frédéric Linardon, Coordinator of food security cluster, FAO, 23 July 2015** | UN/CC |
| **Maurice Azonnankpo, Coordinator of protection cluster, 21 August 2015** | UN/CC |
| **François Goemans, OCHA Head of Office, 25 July 2015** | UN/OCHA |
| **OCHA, Eric Michel-Sellier, ICC Coordinator, 21 July 2015** | UN/OCHA |
| **Alexis Kamanzi, OCHA, HAO/Civil Military Coordination officer, 21 July 2015** | UN/OCHA |
| **Yakoubou Mounkara, OCHA, Head of Information Management, 22 July 2015** | UN/OCHA |
| **Mohamed Malick Fall, UNICEF Representative, 25 September 2015** | UN/Rep |

Table 16: INGO actors consulted

| | |
|---|---|
| **IMC, Frantz Mesidor** | Country Director |
| **MSF-CH, Thierry Dumont** | Chef de mission |
| **IRC, Rodolphe Moinaux** | Chef de mission |
| **World Vision, Paul Sitnam** | Représentant |
| **OXFAM GB, Ferran Puig** | Chef de mission |
| **COOPI, Alessandro Ponti** | Représentant |
| **Cordaid, Frederick Lamy and Volkert Doop** | Peacebuilding Adviser, Programme Coordinator |
| **TearFund, Cyriac M.** | Director |
| **ACTED, Norik Soubrier and Eve Hackius** | Director, Food Security Officer |
| **DRC, Conraud Philippe** | Directeur Pays |
| **CICR/ICRC, Jean-François Sangsue** | Chef de délégation |
| **CCO, Mohamed Mechmache** | Coordinateur |
| **Save the Children, Alassane Cisse** | Chef du bureau |
| **CRS, Katherine Price** | Programme Director |
| **PU-AMI, Samuel Baudry and Evariste Montecho** | Acting Director, Coordonnateur securité alimentaire |
| **NRC, Olivier David** | Chef de mission |
| **PLAN, Dendi Kiyo and Justin Kaseke** | Technical Officers |
| **ACF, Alexandre Le Cuziat** | Directeur régional des Opérations |

Table 17: National leaders consulted

| | |
|---|---|
| **Personnalités politiques, M. Martin Ziguélé** | Ex-Premier Ministre |
| **Groupe Anti-balaka, Capt. Joachim Kokaté** | Leader Branche Politique Anti-balaka |
| **Forces armées Ex-Séléka, Gén. Mohamed Dhaffane** | Ex-Ministre d'État, Représentant Séléka, Coordonnateur E-M., Conseiller politique |
| **Église catholique, Mgr. Dieudonné Nzapalainga** | Archevêque de Bangui, Président de la Confédération épiscopale de Centrafrique |
| **Communauté musulmane centrafricaine, Imam Oumar Kobiné Layama** | Président de la Communauté islamique centrafricaine |
| **Secteur privé, Maître Christiane Doraz Serefessenet et Cyriaque Dussey** | Présidente de la Chambre des Notaires, Membre du CNT, Directeur général REGICA |
| **Fédération nationale des éleveurs centrafricains (FNEC), M. Ousman Shehou, M. Ayouba Malloum** | Secrétariat général and Percepteur |
| **Enclave musulmane PK5, M. Bala Dodo Attahirou** | Maire, 3ème arrondissement PK5 |
| **Personnes ressources, M. Al Hissene Algoni M.** | Conseiller Mairie 3ème arrondissement PK5 |
| **Communauté musulmane, M. Amadou Roufai** | Conseiller Mairie 3ème arrondissement PK5 |
| **Secteur privé, Imam Ahmadou Tidjiani, M. Hassabarassoul Moussa, M. Abdoul Salam** | Imam, Mosquée centrale PK5 |
| **Personnes ressources, M. Ousmane Guida** | Entrepreneur/Transporteur PK5 |

Table 18: National actors

| | |
|---|---|
| JUPEDEC, Lewis Alexis MBOLINANI | NNGO |
| ACDES | NNGO |
| VITALITÉ PLUS | NNGO |
| AFPE (Association des Femmes pour la promotion de l'Entrepreunariat) | NNGO |
| AFDB (Association des femmes pour le développement de Mbres), Elvis Thomas Guenekean | NNGO |
| REMOD (Rebâtisseurs de la muraille des œuvres de Dieu), Alexis Guerengbenzi | NNGO |
| PARETO (Paix, réconciliation et tolérance) | NNGO |
| ACCM (Association pour la communauté musulmane) | NNGO |
| GEDAP (Groupement pour le développement agropastoral) | NNGO |
| Ministère des Affaires sociales et de l'action humanitaire | Government |
| Ministère de l'Agriculture et élevage | Government |

Table 19: Global stakeholders consulted

| | |
|---|---|
| Valerie Amos, former ERC, 30 September 2015 | GS, IASC/ERC |
| John Ging, Chair of IASC/EDG, OCHA, 1 September 2015 | GS, IASC/EDG |
| Afshan Khan, Director of EMOPS, UNICEF, 9 September 2015 | GS, IASC/ED |
| Gabriele De Gaudenzi<br>OCHA, Humanitarian Affairs Officer, OCHA NY, 26 August 2015 | GS, OCHA/ expert |
| InterAction: Patricia McIlvery | GS, IASC/INGOs |
| MSF/Amsterdam | GS, INGOs |
| Karima Hammadi, Assistante technique (lead)<br>Marianna Franco, Assistante technique<br>ECHO Bangui, 6 August 2015, Bangui | GS, major donor |
| USAID and BPRM:<br>Dan Sutherland, USAID/FFP, Nairobi<br>Lance Kinne, BPRM, Regional Refugee Coordinator, Ndjamena<br>Margaret McKelvey, Director of African Affairs, BPRM, Washington, D.C. | GS, major donor |
| Greta Zeender, Adviser to the Special Rapporteur on the Human Rights of Internally Displaced Persons/OCHA, IDP focal point | GS, IASC/rights |
| Human Rights Watch, Peter Boukaert, Emergency Director | GS, HR |
| Françoise Puig-Inza, Desk Officer for Humanitarian Affairs, United Nations Department, French Ministry of Foreign Affairs | GS, peace and security |
| Hervé Lecoq, Team Leader, Great Lakes Integrated Operations Team, UN DPKO, New York | GS, peace and security |
| Abdoulaye Kebe, Special Adviser to the OIC of Organization of the Islamic Conference | GS, IGO |
| Elizabeth Eyster, Senior Protection Officer, Geneva | GS, UNHCR |

# ANNEX IV: SAMPLING STRATEGIES AND FRAMES

This report describes the sampling strategies employed for stakeholder groups in the Central African Republic: 1) United Nations organizations, 2) International NGOs, 3) National authorities/NGOs, 4) National leaders (political, civil society, etc.) and 5) Communities of affected people). Highlights across the groups are detailed below in Table 20.

**Table 20: Sampling frame**

| Stakeholder Group | # Targeted | Main Criteria |
|---|---|---|
| **1. Operational United Nations organizations** | 15–20 | Largest operations, Strategic aActors (HCT) |
| **2. Operational INGOs** | 19 | Mixed operations, Strategic aActors (HCT) |
| **3. Operational national authorities/NGOs** | 16 | Mixed operations, Strategic aActors (HCT) |
| **4. National leaders (political, civil society)** | 17 | Voice credibility, Insight credibility |
| **5. Communities of affected people** | 5 | Main recipients of humanitarian assistance |

## 1. Operational United Nations organizations

Given the lack of cross-sector monitoring, we considered results in the sectors of food security, protection, early recovery, health and WASH, which together reflect the largest number of people targeted and the largest amounts requested in both 2014 and 2015.

Stake: Participants in SRP, including programme implementation, cluster coordination/leadership, quality and accountability, advocacy and partnership.

Subgroups: HCT members, IAHE advisory group (OCHA, WFP, UNHCR, FAO, UNICEF), non-operational actors (MINUSCA, UNDSS).

Sampling strategy and frame:

- Entire population: United Nations operational stakeholders in inter-agency humanitarian response.
- Selection criteria: (i) Size of response (largest operations); (ii) Strategic level, engagement at higher level (i.e., HCT or other coordinating body)
- Stratification: Heads of agency, M&E leads, OCHA coordination staff
- Inclusion: Presence during Dec. 2013 to July 2015; otherwise based on function only
- Number targeted: 15–20
- Sample frame proposed: 6x heads of (key sectors/largest?); United Nations operational agencies in HCT; 5x M&E actors; 7x coordination actors/OCHA; 4 non-operational stakeholders: UNDSS, MINUSCA, UNHCHR, World Bank, see Table 21, below.

Bias: towards largest operational UN agencies—not smaller; towards strategic and coordination level actors—not technical programme management and cluster coordination.

Table 21: Heads of organizations

| # | | | HCT |
|---|---|---|---|
| 2 | HC | DSRSG/RC/HC, Aurélien Agbénonci<br>Former HC, Claire Bourgeois | HCT |
| 1 | UNHCR | Représentant, Kouassi Lazare Etien | HCT |
| 4 | OCHA | Chef de bureau, François Goemans; Info-Mgr., CIMIC, ICC | HCT |
| 1 | FAO | Représentant, Jean Alexandre Scaglia | HCT |
| 1 | PAM/WFP | Représentant, Bienvenu Djossa | HCT |
| 1 | UNICEF | Représentant, Mohamed Fall | HCT |
| 1 | PNUD/UNDP | Directeur Pays, Aboubacar Sidiki Koulibaly | HCT |
| 1 | OMS/WHO | Représentant, Dr. Michel Yao | HCT |
| 1 | UNDSS | Chief Security Adviser, Tim Headington | HCT |
| 1 | UNHCR | Lead Cluster Protection, Maurice Azonnakpo | HCT |
| 1 | OHCHR | Human Rights Division, Musa Gassama | HCT |
| 1 | MINUSCA | | |
| 1 | WB | | |
| 3–5 | Organizations | United Nations M&E Advisers | |

## 2. Operational international NGOs

We used official lists (HCT) and databases (i.e., Humanitarian Needs Overview 2014/2015, and 3Ws-OPs lists) to determine the most active INGOs. We also tried to determine areas of high-need/lower operations to ensure that we would find/speak to operators with a specific focus on eventual "neglected communities."

Stake: INGOs have a huge stake in operationalizing the international needs-based response; many actors consider them the humanitarian "eye on the ground." This would indicate that they participate in and/or conduct needs assessments (humanitarian needs AND priorities of the affected), and prepare interventions that meet the needs of affected communities. They also contribute to the international response through global and national level meetings (many INGOs serve on the HCT, i.e., through CCO), especially in advocating/rallying support for neglected populations. As some NGOs play lead or supporting roles in clusters, they likewise have a stake in coordination, quality assurance and accountability.

Subgroups: HCT/non-HCT, Sector breadth, Geographic distribution.

Sampling strategy and frame:

- Entire population: According to the available documents, there were 51 (2014) and 52 (2015) international NGOs (including the Red Cross movement) listed in the Humanitarian Contact List (OCHA, December 2014).
- Selection criteria: Maximum diversity sampling was proposed. The sample sought to capture a diverse combination from each of the following categories: participation in HCT, volume of funding reported in FTS (high, medium, low), geographic breadth of intervention (actors with widest geographic coverage/number of prefectures) and breadth of sector (total number of sectors active in the Central African Republic and lead-on sector). *Taking the example of IMC (in the table below), they served on the HCT, received over US$2 million in 2014/2015; they are the INGO with the fifth largest number of operational prefectures, and the INGO with the sixth largest number of operational sectors as well as the largest focus on nutrition.*

- Stratification: See subgroups above.
- Inclusion: Strategic (not technical) leaders/staff who have the longest experience in-country during the studied period.
- Number targeted: 18.
- Sample frame proposed: see Table 22 below.

Bias: The databases may have typical biases such as NGOs that do not share information readily with United Nations/OCHA or those that are very active, but do not depend on and/or channel their efforts or funding through FTS, etc.

**Table 22: Sampling strategy and frame**

| Criteria / INGO | Strategic focus (n=14) | Volume of funding received (Dec. 2013 to date; FTS) | Breadth of intervention (ranked by number of prefectures) | Sector (ranked by breadth and strongest focus) | Presence in less-served prefectures |
|---|---|---|---|---|---|
| **1. ACTED** | HCT | 1–1.5 million | 1 | 3 (LCS, educ., shelter) | Ouham Pendée |
| **2. DRC** | HCT | > 2 million | 3 | 2 (CCCM) | Ouham Pendée |
| **3. CICR / ICRC** | HCT | | 7 | 5 (WASH) | |
| **4. IMC** | HCT | > 2 million | 5 | 6 (nutrition) | |
| **5. MSF-CH** | HCT | -- | 11 | 6 | |
| **6. CCO (Bureau de coordination du forum des ONG)** | HCT | -- | | | |
| **7. OXFAM GB** | HCT | -- | 0 | 0 | |
| **8. PU-AMI** | | > 2 million | 4 | 1 | Mambéré-Kadei |
| **9. SCI** | | > 2 million | 5 | 5 (Protection / Hlth) | Basse-Kotto |
| **10. Solidarités Int.** | | > 2 million | 7 | 4 | |
| **11. ACF** | | > 2 million | 6 | 5 | |
| **12. NRC** | | > 2 million | 8 | 5 | |
| **13. IRC** | | > 2 million | 9 | 6 | |
| **14. PLAN** | | > 2 million | 8 | 6 | |
| **15. TearFund** | | 0.5–1 million | 11 | 6 | |
| **16. SFCG (Common Ground)** | | | 5 | 6 (LCS) | in 2/3 pref. |
| **17. World Vision International** | | | | | |
| **18. CRS** | | 1–1.5 million | 7 | 4 | |
| **19. COOPI** | | -- | 4 | 4 (Food security) | |

## 3. Operational national authorities and NGOs

Subgroups: Government and National NGOs.

Sampling strategy and frame:

- Entire population: Number of ministries engaged in response? Number of NGOs?
- Selection criteria: Wide geographic and sectorial coverage, Common Humanitarian Fund recipients.
- Stratification: Heads of organizations, or operational departments.
- Inclusion: Based on function (operational).
- Sample frame proposed: See Table 23 below.

**Table 23: National NGOs**

| Criteria / National NGO | Strategic focus | Volume of funding received (Dec. 2014 to date; FTS "resources available") | 3W-OP | Recommendations from OCHA |
|---|---|---|---|---|
| 1. REMOD | HCT | | YES | YES |
| 2. CCO | HCT | | | YES |
| 3. Vitalité Plus | | US$250,000.00 | | YES |
| 4. AFPE | | US$234,004.00 | | |
| 5. ADEM (Association pour le développement de Mbres) | | US$160,000.00 | | YES |
| 6. FLRF | | US$108,342.00 | YES | |
| 7. ACDES | | US$50,000.00 | | |
| 8. ACCM | | US$53,500.00 | YES | YES |
| 9. Caritas | | US$106,732.50 | YES | YES |
| 10. AFEB | | US$53,500.00 | | YES |
| 11. Croix Rouge RCA | | | YES | |
| 12. ÉCHELLE (Échelle appui au développement) | | | YES | |
| 13. JUPEDEC | | | YES | |
| 14. Réseau des ONG et associations de lutte contre le SIDA (RONALCS) | | | YES | |
| 15. Yamcuir | | | YES | |
| 16. Gov.: Ministère des Affaires sociales et action humanitaire | | | YES | |
| 17. Gov.: Ministère de la Santé et de la population | | | YES | |
| 18. Gov.: Ministère de l'Éducation | | | YES | |
| 19. Gov.: Ministère. de l'Agriculture | | | | |

## 4. National leaders (political, civil society, religious…)

Stake: Representative voice of the affected population who have been targeted by the humanitarian response.

Subgroups: Political leaders, private sector, ex-Séléka, anti-balaka, religious and other well-informed individuals.

Sampling strategy and frame:

- Entire population: Not applicable.
- Selection criteria: Having historical perspective (December 2013 to present).
- Stratification: See subgroups above.
- Inclusion: Male and female when possible, vulnerable groups and people with disabilities
- Sample frame proposed: see Table 24 below.

Bias: none known.

**Table 24: National leaders**

| Category | Names |
|---|---|
| **Political leaders** | Mme Catherine Samba-Panza, President of the Central African Republic<br>Mr. Mahamat Kamoun, Prime Minister<br>Mr. Martin Ziguélé, Former Prime Minister during President Ange-Felix Patassé's regime, President of the MLPC<br>M. Jean-Baptiste Koba, President of the MESAN party (Movement for the Social Evolution of Black Africa) |
| **Private sector** | M. Robert Ngoki, Président de la Chambre de commerce d'industrie des mines et de l'artisanat de la République centrafricaine<br>Maître Christiane Doroy, Présidente de la Chambre des notaires de la République centrafricaine<br>Syndicat des éleveurs centrafricains<br>Syndicat des transporteurs centrafricains |
| **Ex-Séléka** | General Ousmane Mamadou Ousmane, Force Commander<br>General Ali Ndarassa, President of UPC (Unité pour la paix en Centrafrique) |
| **Anti-balaka** | Mr. Joachim Kokaté, Leader of the Political Branch<br>M. Patrice N'Gaissona, Chef de Groupe |
| **Religious and other well-informed individuals** | Monseigneur Dieudonné Nzapalainga, Archbishop of Bangui, Président de la Conférence épiscopale de Centrafrique<br>Révérend Pasteur Nicolas Guéret Koyamé, Président de l'Alliance des églises évangéliques en Centrafrique<br>Iman Kobiné Lamaya, Président de la Communauté islamique centrafricaine<br>Mr. Bala Dodo, Mayor of the 3ème arrondissement de Bangui<br>Père Aurélien, diocese of Bozoum |

## 5. Case studies of affected people (field sites)

Stake: To enhance the Accountability to Affected Populations through feedback on the results of the humanitarian response.

Subgroups: IDPs, Host Families, Returnees, Mixed populations

Sampling strategy and frame:

- Entire population: X IDP Camps, Y Enclaves, Z mixed/host communities, returning populations.
- Selection criteria: Diversity across those affected, volume of targeted operations.
- Stratification: Urban/rural, Muslim/non-Muslim.
- Inclusion: Recruitment of local key informants, discussions with women and vulnerable groups.
- Sample frame proposed: See Table 25 below.
- Bias: May be biased towards areas of largest operations and with functional logistics/access and towards more recent operations.

**Table 25: Consultation with affected people**

| Name of Site | Structure/ Profile | Zone/Pol. | Minority Group | Prefecture (Geography/ Other) |
|---|---|---|---|---|
| **M'Poko Airport** | Large IDP Camp | Anti-balaka | | Ombella M'Poko, urban |
| **PK5** | IDP Camp | Ex-Séléka | Muslim | Ombella M'Poko |
| **Bambari** | Largest IDP Camp | Ex-Séléka | | Ouaka, South, rural |
| **Batangafo** | IDP Camp | Ex-Séléka | | Ouham, rural |
| **Kouango** | Mixed (returnees, etc.) | Ex-Séléka/UPC | Peuhl | Ouaka, DRC/regional dynamic |
| **Boda** | Enclave | Anti-balaka | Muslim | Lobaye |

# ANNEX V: COMPLETE BIBLIOGRAPHY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# ANNEX VI: POLLING REPORT

This annex provides details of an opinion poll conducted for the evaluation among 69 stakeholders. Key findings and further details are presented below.

## Key findings on results

- **Respondents generally agree that the inter-agency response in the Central African Republic (2014–2015) relieved suffering, provided basic services and protection for the most vulnerable.** An overall majority (55/69) of respondents clearly agreed that suffering was relieved; fewer were convinced about having provided protection and basic services (35 and 34, respectively). While relieving suffering registered the highest overall mean of the 21 questions, stakeholder group averages ranged from 8.0 (for national operators) to 6.1 (national opinion leaders – of affected people). This interesting divergence among national actors may indicate little more than funding status (national operators were included when they had participated in the response).
- **According to respondents, the least successful results of the inter-agency response involved resilience building, livelihoods restoration and resettlement.** Resettlement registers the absolute lowest mean (5.1, and distribution of 21:34:15 for clear: mitigated: disagreement). Success in building resilience registered the lowest agreement in 2014, with a global mean of 5.3; 43 respondents were "on the fence" in regard to this question. Supporting livelihoods registered a global mean of 5.4, with strong disagreement (21:38:10). On these issues, INGO respondents were more generous than United Nations counterparts.
- **Respondents view results in 2014 more favourably than in 2015** (average mean of 6.2 compared to 5.7 in 2015, upheld by all stakeholder groups). This could reflect the often-voiced concern of dwindling funding and difficulties in retaining key qualified staff in country.

## Key findings on processes

- **An element that respondents claim has been most important to the success of the inter-agency response is overall coordination.** Coordination registered an overall mean of 6.6 (ranging from 7.6 for national operators to 4.5 for national opinion leaders), with a large divergence of opinion between United Nations and NGO respondents. Distribution of importance was 40:22:7.
- Other areas where perceptions of United Nations and INGO respondents differ widely is in regards to the roles of **Gaps/Duplication and Strategic Planning** in the success of the response. While NGOs were vocally very critical of these process elements, United Nations respondents found them less important to the success of the response. Distribution of importance for these variables stand at 32:30:7 and 32:22:15, respectively.
- **Other processes reportedly weighing heavily in the response were needs assessment, rated favourably important** (mean: 6.3 and distribution of 35:24:10) **and monitoring and evaluation, rated unfavourably** (mean 5.4 and distribution of 19:37:13). National opinion AP leaders rated both very unfavourably (3.3 and 3.9, respectively).
- **Respondents generally agreed that the least successful process among the inter-agency machinery was the overall engagement or ownership of national and local actors.** The overall mean was 4.8, the lowest of all 21 questions, and the distribution of responses was 18:30:21.

## Method

An opinion poll was conducted among operational and other stakeholders and national opinion leaders in the Central African Republic. Affected population and beneficiaries were not included. The polling questions were also not asked to some individual respondents within the stakeholder groups, where it would have been inappropriate, for example, because they lacked proximity or a sufficiently informed perspective.

## Questions

The poll asked for rapid, immediate, personal (not institutional) opinions on a set of 21 questions regarding the inter-agency humanitarian response in the Central African Republic.

**Question A. How much do you agree with the following statements about the inter-agency response?** Participants were offered a 10-point scale by which to respond, from 'Strongly disagree (1)' to 'Strongly agree (10)'. The statements were as follows, with the first five focusing on the 2014 response and the last six focusing on the 2015 response under way during the fieldwork phase of the evaluation:

| Statement |
|---|
| 1. It reduced the suffering of conflict-affected people in the Central African Republic |
| 2. It provided an appropriate package of aid to the most affected |
| 3. It helped to protect vulnerable people from harm in the conflict |
| 4. It enabled people affected to access basic services |
| 5. It strengthened the resilience of affected communities |
| 6. It is quickly improving living conditions for newly displaced people (e.g., Muslim populations) |
| 7. It is reinforcing protection of civilians and their basic rights |
| 8. It is reinforcing protection of women and children and their basic rights |
| 9. It is increasing access to basic services for vulnerable people |
| 10. It is supporting livelihoods for men and women |
| 11. It is helping people resettle in their home areas (i.e., IDPs, refugees, returnees) |

**Question B. How important have the following elements been to the success of the response?** Participants were offered a 10-point scale by which to respond, from 'Least important (1)' to 'Most important (10)':

| Element | |
|---|---|
| 1. Overall coordination | 7. Empowered leadership |
| 2. Gaps filled and duplication avoided | 8. Accountability to Affected People |
| 3. Preparedness | 9. Safe access |
| 4. Needs assessment | 10. National and local ownership |
| 5. Strategic planning | 11. Other, please specify_____ |
| 6. Monitoring and evaluation | |

## Responses

A total of 69 responded to the poll. Among them were 7 global stakeholders; 53 operational stakeholders (United Nations: 19; INGO:20; national operators: 14) and 9 national opinion leaders.

Frequencies of perceptions were divided as follows:

7-8-9-10: indicates “Clear agreement”

4-5-6: “Mitigated agreement”

1-2-3-4: indicates “Disagreement”.

For answers to Question Set A, national operators were systematically the most favourable in their scores compared to the other four groups (ranging from 5.6 to 8 out of 10). For the same set, national opinion leaders (of the affected population) were the most critical of the inter-agency response for six of the eleven statements (ranging from 6.1 to 4.4), and for the other five, global stakeholders were the most critical (ranging from 5.9 to 4.0).

For Question Set B, eight of the eleven scored elements were again scored more generously by the national operators (scores averaging 7.6 to 5.6 out of maximum 10). For two elements (gaps avoided and safe access) global stakeholders took the highest rank of respondents, 6.9 and 7.6 respectively. Systematically, with no exception, the national opinion leaders weighed in with the lowest scores; they gave between 4.9 (for overall coordination) and 2.9 (national/local ownership).

**Figure 7: Response distribution: Clear agreement by stakeholder groups, 2014**

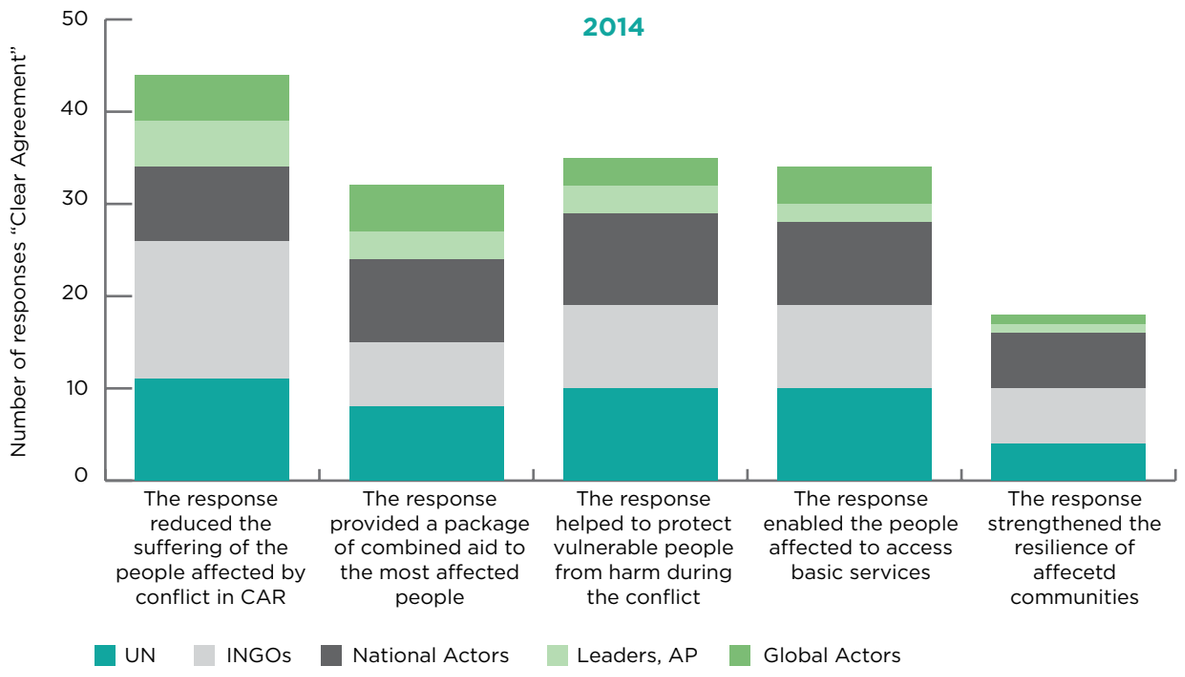


**Figure 8: Response distribution, Clear agreement by stakeholder groups, 2015**

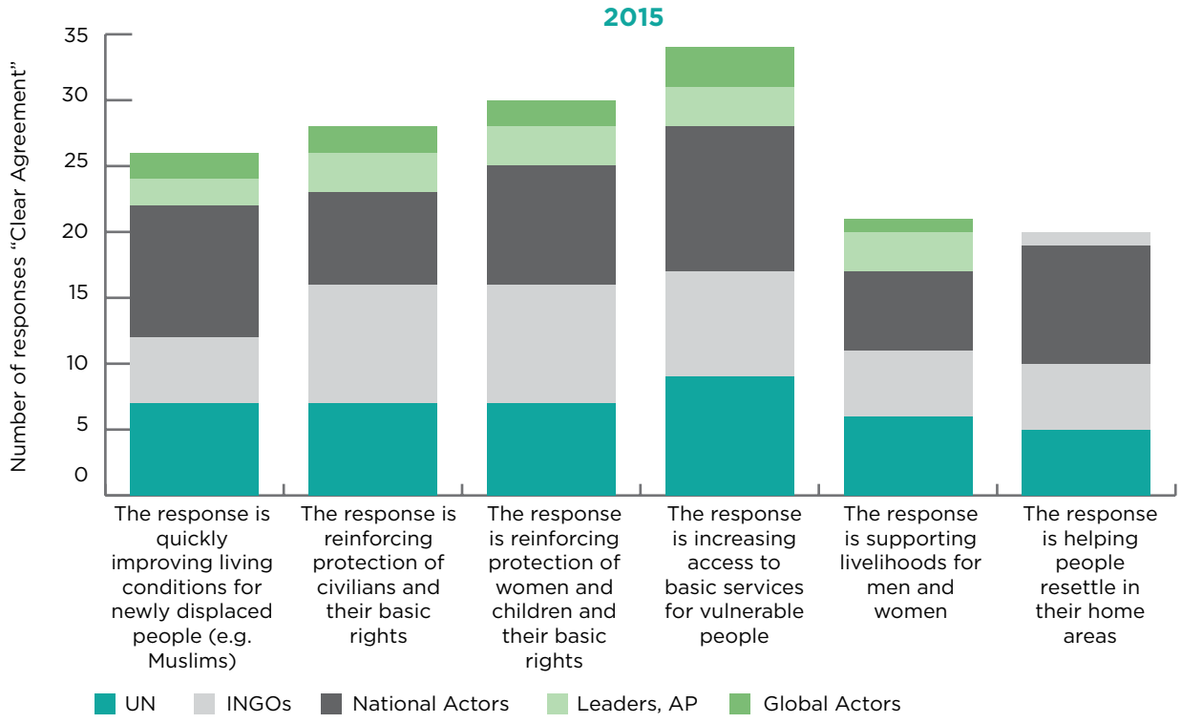



**Figure 9: Response distribution: High importance given to 10 elements of the inter-agency response**

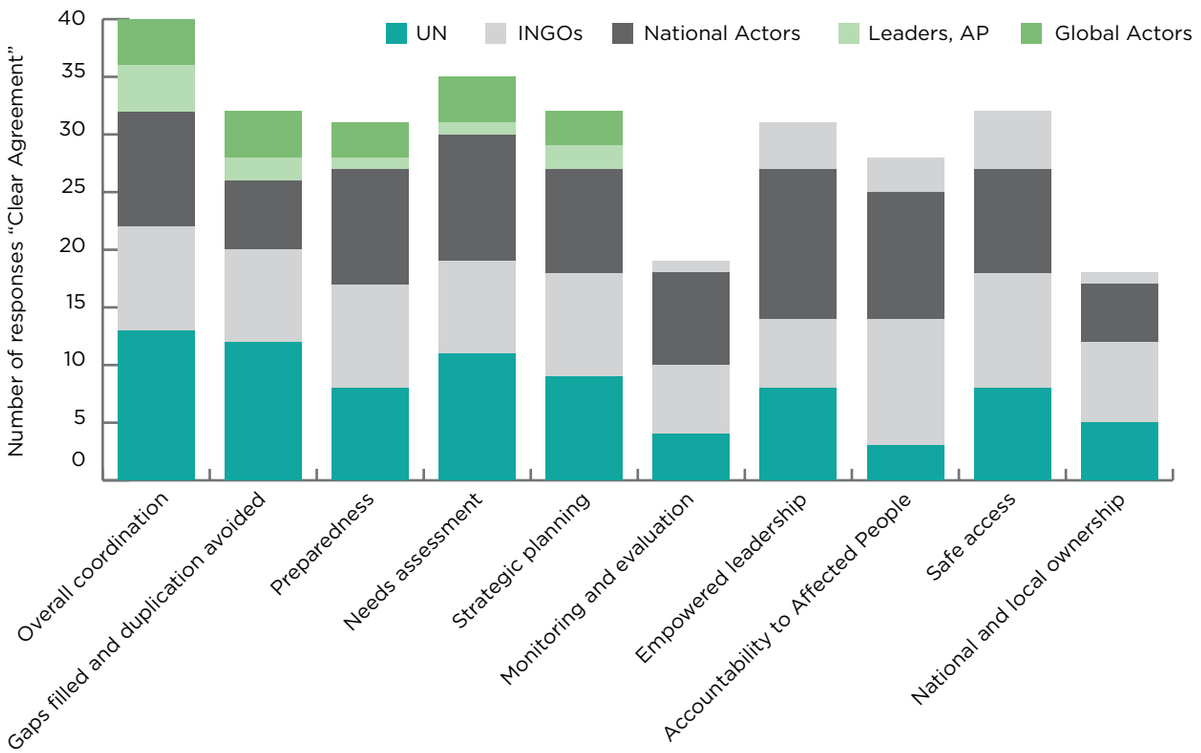
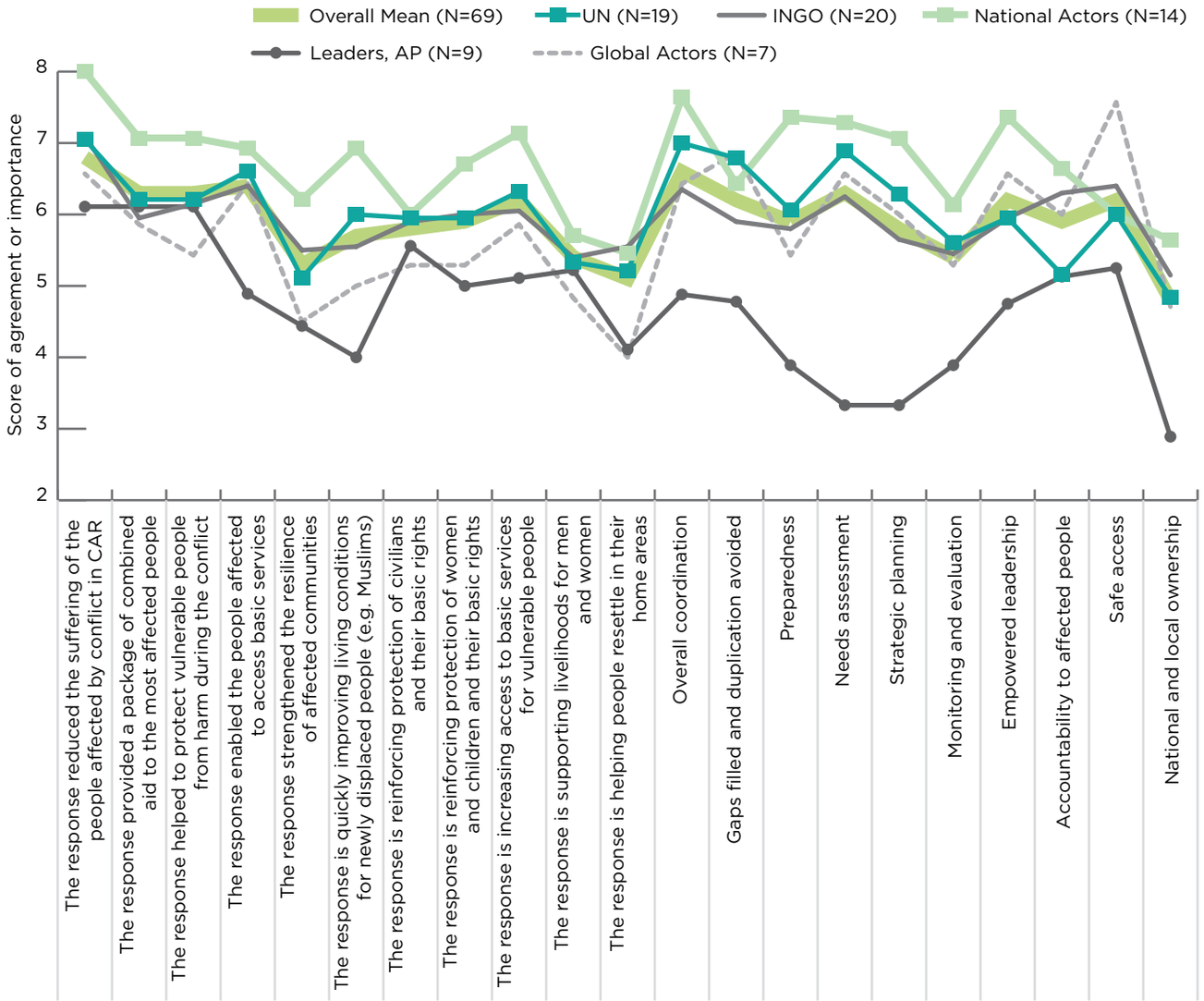


**Figure 10: Average score by stakeholder group, all variables**




**LIMITATIONS:**

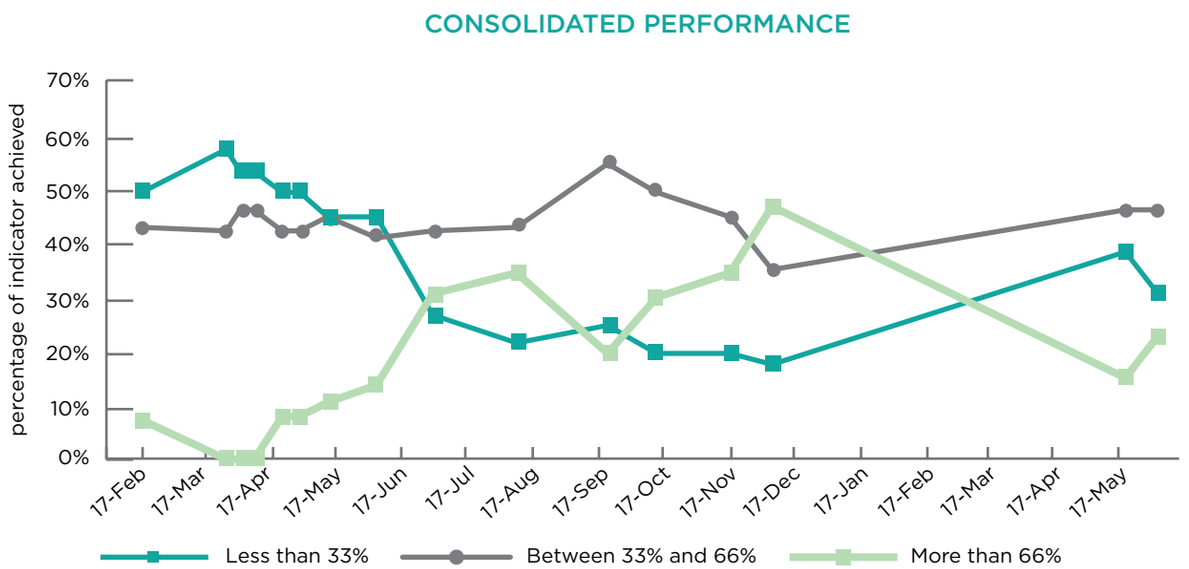
Some limitations should be noted: First, the poll followed the design of the evaluation and thereby focused on the views of operational actors (53/69 of the respondents) and much less so on global stakeholders (7) and national opinion leaders (9). The poll did not aim to represent views of the affected population and beneficiaries, as they lacked sufficiently detailed perceptions of the overall international response. It is also possible that some respondents misunderstood Question Set B; for example, if a respondent gives a high score for 'needs assessment being important to the success of the international response' it may indicate a theoretical importance (despite a poor level of esteemed success) rather than a lived reality, as was the intention.

# ANNEX VII: CLUSTER MONITORING DATA

This annex shows our analysis of monitoring data showing cluster performance against targets, and divided into three performance levels: more than 66 per cent achieved (green); between 33 and 66 per cent achieved (orange); and less than 33 per cent achieved (red).

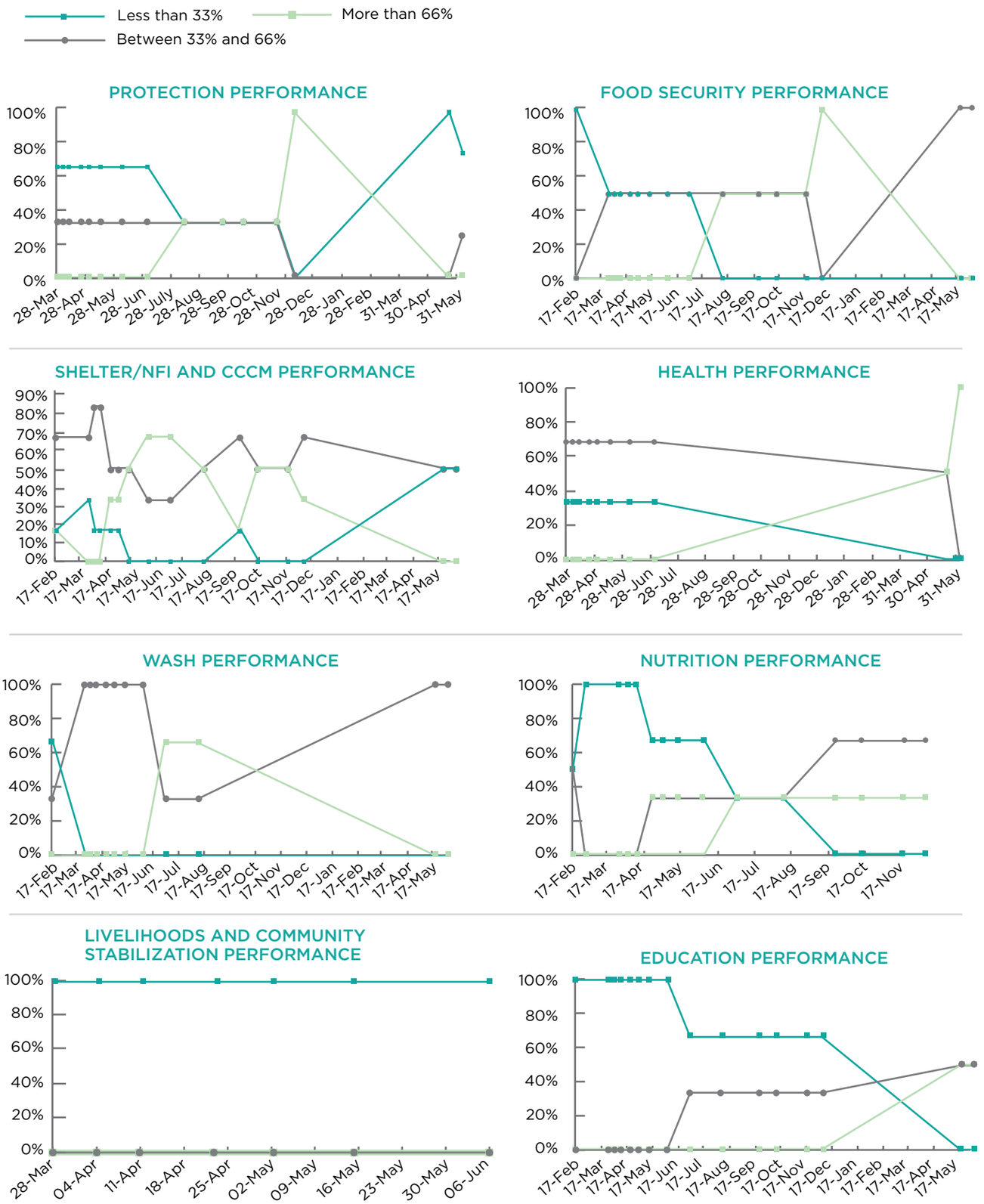
As a guide to interpreting the charts, note that fresh targets were set at the beginning of 2015. These histograms depict the change in performance over time in period-specific indicators throughout the evaluation period. They include 2015 data, where indicators have been revised, and the humanitarian programme is basically starting out with a fresh set of targets. There are also no data points for the first four months of 2015. Thus, for example, the dramatic downward slope of the green line (and rise of the red line) between December 2014 and May 2015 in the consolidated performance chart directly below, is explained by 'fresh targets' at the beginning of a new programme cycle. The second data point in 2015 already shows improvement in aggregate levels of sector indicator performance. **The red line is the percentage of poorly performing indicators; the orange line is the percentage of middle performing indicators; and the green line is the percentage of high performing indicators.**

**Figure 11: Consolidated performance**




Source: OCHA and other organizations.

**Figure 12: Consolidated performance**



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