

Inter-Agency Humanitarian Evaluation (IAHE) of  
the Response to the Central African Republic's  
Crisis 2013-2015

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***Advance Unedited Version***



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## Disclaimer

The contents and conclusions of this evaluation report reflect strictly the opinion of the authors, and in no way those of the United Nations, OCHA, donors or other stakeholders.

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## Executive Summary

1. The interagency response to the emergency in the Central African Republic (CAR) during 2013-2014 made large scale progress toward providing basic services, reinforcing protection and delivering assistance to around two million people in need. It made a strong contribution to the protection of civilians, and contributed enormously to 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 p58).
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, WASH, and protection services. UN actors, including national and international partners 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, 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 p58).
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 health sector), prepare for transition, and develop solutions to the displacement crisis (see Conclusions p58).

### Introduction

4. This inter-agency humanitarian evaluation (IAHE) of the response to the emergency in CAR covers the period from the declaration of an 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 HC/HCT and IASC (see Introduction p15).
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 (see Methodology p. 25 and Annex 2 for more details). A high turn-over 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 aim at 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 CAR faced a multi-layered 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 CAR's protracted crisis became increasingly complex with the advance of Seleka, political and inter-communal violence, which would leave almost a fifth of the population displaced and fully half in need of assistance. In December 2013 CAR's 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, CAR cautiously envisioned recovery but affected populations required assistance for the foreseeable future (see Country context p17).
7. Humanitarian actors struggled to respond. In October 2013 the Emergency Directors of eight IASC agencies visited CAR to identify ways in which to expand the scale and reach of humanitarian delivery. In December, 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 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 CAR response (SRP) was relatively high, with 74% 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% of total requirements covered by mid-2015 (See Response and plan p21).

## Section 1: 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 p30).
9. SRP objectives were highly relevant to needs aggregated in the Humanitarian Needs Overview (HNO), but remained dependent on the mixed quality of CAR's needs assessments on which they were based. Relevance was an area of risk for the response (see Relevance p31).
10. Performance monitoring systems were highly unsatisfactory. Stakeholders all highlighted weaknesses in Monitoring and Evaluation (M+E), no framework or system existed (except for WHO needs review exercise) for monitoring the response, 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 p32).
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. Achievement of strategic results remained a challenge for the response (see Results p33).
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 CAR'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 in August 2014. Contributions to POC and collaboration with MINUSCA enabled the response to address the 'protection crisis' as well as humanitarian needs (see Protection p37).
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 Resilience p39).
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 CAR'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 p39).

## Section 2: 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 hand-over strategy. National and local Involvement was essential to mobilizing capacity after the L3 capacity surge (see Involvement p41).
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 p42).
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 CAR's chronic crisis (see National development p43).

## Section 3: Coordination

18. In CAR, the HCT-led coordination model was questioned and its application widely criticized, especially by 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 sub-national level. Coordination mechanisms were established and tools set up including the HCT, 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 p44).

19. The most important factors of effectiveness in CAR were the declaration of the L3 mechanism, international peacekeepers and operational programmes. Leadership was considered essential to coordination, and the importance of the Humanitarian Programming Cycle (HPC) could have been greater with better monitoring and evaluation (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 p46).

#### Section 4: IASC principles and guidance

20. Despite misunderstandings about its purpose, the L3 mechanism was highly effective in CAR, 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 which enabled the body to identify and address capacity gaps. It turned an HC/HCT-led response into a full-system response. Still, it brought multiple human resourcing challenges, perpetuated itself instead of preparing for transition, was often 'misused' as a fundraising tool, and seemed maladapted to a protracted emergency (see L3 mechanism p47).
21. The application of empowered leadership in CAR 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 an 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 p48).
22. In general, application of the Humanitarian Programming Cycle (HPC) was disappointing in CAR. The HPC process generated little interest among operational actors, who considered it an inefficient burden, and 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 Programming Cycle p49).
23. Preparedness was a major weakness in CAR, 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 p50).
24. Collective needs assessment and analysis was fairly successful. Stakeholders were most favorable about this aspect of the HPC, both IASC assessment tools (HNO and MIRA) were applied, these allowed for analysis and prioritization, and the Rapid Response Mechanism (RRM) 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 p50).
25. Strategic planning was highly inadequate in CAR, as highlighted 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 opportunity to develop solutions to displacement. Strategic planning was an area of weakness, and a key opportunity for improving coordination and effectiveness (see Strategic planning p51).
26. The response was highly unsatisfactory in providing accountability to the affected population (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 interagency 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 Affected Population p52).

#### Section 5: Other findings

27. Despite major efforts to scale up, coverage remained unsatisfactory in CAR. 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 p54).

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 p55).
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 agencies that relied on their own security protocols enjoyed best access. Secure access remained a complex challenge and critical to programme effectiveness (see Secure access p56).
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 p57).

## 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 IASC Working Group (WG). They offer strategic advice for the collective response beyond the responsibilities of any specific agency 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
<p><b>1. Improving interagency strategy and performance</b></p> <p>a) The HC/HCT should develop an interagency strategy aimed at improving performance and focused clearly on assistance, protection, basic services and resilience. To that end, it should consider:</p> <p>i. Strengthening assistance through improved quality, integrity and distribution, and consultation with intended beneficiaries.</p> <p>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,</p> <p>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 actions 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</p>	HC/HCT	Immediately, as contribution to HRP 2016	<p>Conclusions 1,2,3,4.</p> <p>Findings: Results, Protection, Community resilience, Outcomes, Strategic planning, Preparedness</p>

<p>reforming social, political, and economic relationship in order to promote national and local ownership.</p> <p>Developing a risk management approach holistically covering all strategic risks, including insecurity, impassable roads, and declining financial and HR capacity after the L3.</p>			
<p>b) The IASC should develop the IAHE impact pathway model with lessons from CAR 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:</p> <p>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.</p> <p>ii. Learning lessons about the protection of civilians in CAR 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 (UNHCR June 2015)</p> <p>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.</p> <p>Providing guidance on how to measure and report the number of lives saved and risks avoided in complex emergencies.</p>	IASC (WG)	Ongoing, and at the next review of IAHE Guidelines	<p>Conclusions 1,2,3,4</p> <p>Findings: Results, Protection, Community resilience, Outcomes, Strategic planning</p>
<p><b>2. Mobilizing capacity</b></p> <p>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:</p> <p>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</p> <p>ii. Collaborating with development actors to meet resilience and recovery needs, and peacebuilding actors to meet protection needs at scale.</p> <p>Collaborating with and supporting national and local capacities to meet needs at scale through the provision of rehabilitated basic services wherever possible</p>	HC/HCT	Immediately, ongoing during HRP 2016	<p>Conclusion 5</p> <p>Findings on L3 mechanism, factors, capacities, coverage</p>
<p>The IASC should maintain an adequate response in CAR after the L3, and seek to adapt the L3 mechanism for chronic emergencies. To that end, it should consider:</p> <p>i. Maintaining a fit-for-purpose response in CAR while transitioning out of reliance on L3 surge, ensuring adequate prioritization, attention and funding based on needs, and engaging with development and political actors and donors to this end.</p> <p>ii. Adapting the L3 mechanism to chronic or protracted emergencies, beyond the requirements of meeting acute timely needs.</p> <p>iii. Clarifying the purpose, time limit and deactivation of L3 mechanism in a chronic crisis</p> <p>Requiring timely transition to another mechanism capable of meeting chronic needs in a complex protracted crisis—such as a comprehensive stabilization plan.</p>	IASC (WG)	Immediately, ongoing during HRP 2016	<p>Conclusion 5</p> <p>Findings on L3 mechanism, factors, capacities, coverage</p>
<b>Important recommendations</b>			
<b>Recommendation</b>	<b>Responsibility</b>	<b>Timeliness</b>	<b>Links in Report</b>
<p><b>3. Enabling leadership</b></p> <p>The HC/HCT should enable strategic leadership by ensuring a dedicated leadership role, well-functioning coordination structures, and structured communications with stakeholder. To that end, it should consider:</p>	HC/HCT	Immediately, during HRP 2016	<p>Conclusion 6</p> <p>Findings on Coordination,</p>



<p>i. Maintaining an SHC or a dedicated HC role with strategic vision and the ability to work with political, development and military/peacebuilding actors</p> <p>ii. Ensuring well-functioning HCT, ICC and information management functions, including by ensuring implementation of related OPR recommendations, and involving representatives of the affected population in coordination architecture. For that purpose, ensure an inclusive partnership with local actors through an effective/efficient collaboration with national NGOs, Civil Society Organisations, 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 to the coordination mechanism.</p> <p>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</p>			<p>Leadership</p>
<p>The IASC should learn lessons about 'strategic' leadership in a chronic emergency. To that end, it should consider:</p> <p>i. Recognizing the importance of 'strategic' leadership in chronic emergencies like CAR's</p> <p>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</p> <p>iii. Examining why mechanisms worked poorly in CAR despite relatively generous funding</p> <p>Articulating clear added value of UN-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.</p>	<p>IASC (WG)</p>	<p>Immediately, as a function of knowledge management</p>	<p>Conclusion 6</p> <p>Findings on Coordination, Leadership</p>
<p><b>4. Strengthening process</b></p> <p>The HC/HCT should address key process weaknesses needed to strengthen effectiveness. It should concentrate on needs assessment targeting specific vulnerabilities and groups of beneficiaries, strategic planning and monitoring, and defining an effective approach to preparedness with development actors. To that end, it should consider:</p> <p>i. Strengthening the three interrelated HPC elements where greatest improvements could be made to strengthen coordination and effectiveness: needs assessments, strategic planning, and monitoring</p> <p>ii. Defining an effective approach to preparedness with development actors, including regularly updating contingency and preparedness plans for the country, following IASC guidance (OPR)</p> <p>Facilitating collective involvement in the HPC by ensuring an efficient process with an appropriate work calendar</p>	<p>HC/HCT</p>	<p>Immediately, during HRP 2016</p>	<p>Conclusion 7</p> <p>Findings on Humanitarian Programming Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness</p>
<p>The IASC should review the utility (usability) of the HPC model, provide training for its application, and strengthen the monitoring, evaluation and learning (MEL) element. To that end, it should consider:</p> <p>i. Ensuring the utility (usability) of 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 tool kit (not an accountability framework)</p> <p>ii. Provide training in use and application of HPC for coordination leaders in HC/HCT, OCHA and largest operational actors</p> <p>iii. Review 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.</p> <p>Revise the monitoring element so as to strengthen monitoring, evaluation and learning (MEL) 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&amp;E plan into the L3 mechanism, as per the Transformative Agenda's requirements for performance monitoring.</p>	<p>IASC (WG)</p>	<p>Immediately, as a function of knowledge management</p>	<p>Conclusion 7</p> <p>Findings on Humanitarian Programming Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness</p>

<p><b>5. Defining accountabilities</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>i. Identifying and monitoring unmet and untargeted needs, including difficult-to-reach populations, and developing advocacy where needs cannot be met</li> <li>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</li> </ul> <p>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</p>	HC/HCT	Immediately, during HRP 2016	<p>Conclusions 8 and 9.</p> <p>Findings on Coverage, Specific needs, Accountability to affected populations, Involvement, Capacities, National development</p>
<p>The IASC should review the collective accountability framework for chronic emergencies, providing guidance and monitoring mechanisms. To that end, it should consider:</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii. AAP commitments, implementation at the strategic level, and possible integration into HPC package.</li> <li>iii. National development links and engagement of local and national capacity where state has collapsed and a transition government lacks authority and capacity to lead recovery.</li> </ul>	IASC (WG)	Immediately for IASC policy, and at the next review of HPC	<p>Conclusions 8 and 9.</p> <p>Findings on Coverage, Specific needs, Accountability to affected populations, Involvement, Capacities, National development</p>

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## ACRONYMS

AAP	Accountability to Affected Populations
ACAP	Assessment Capacities Project
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
AP	Affected Population
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	CHF – Common Humanitarian Fund
CMP	Commission Mouvements de Populations
CS	Case Studies
CWC	Communication With Communities
DA	Data Analysis
DDR	Disarmament, Demobilization, and Reintegration
DPKO	Department of Peace-Keeping Operations
DR	Document Review
DRR	Disaster Risk Reduction
ECHO	European Union Humanitarian Aid and Civil Protection Department
EDG	Emergency Directors Group
ED	Emergency Directors
ERC	Emergency Relief Coordinator
ESPOIR	The Bekou Fund
EUFOR	European Union Force
FAO	United Nations Food and Agriculture Organization
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
HSP	Humanitarian Strategic Plan
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
IDI	In-Depth Interview
IDP	Internally Displaced Populations
IFI	International Financial Institution
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
IM	Information Management
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
L3	Level Three Emergency
M+E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MIRA	Multisectoral Initial Rapid Assessment
MISCA	African-led International Support Mission to CAR
MINUSCA	United Nations Multidimensional Integrated Stabilization Mission in CAR
MSF	Médecins Sans Frontières
NFI	Non-Food Item
NNGO	National Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office for the High Commissioner on Human Rights
OPR	Operational Peer Review
OS	Operational Stakeholders
PE	Polling Exercise
POC	Populations of Concern
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
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 Food and Population Agency
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
WFP	United Nations World Food Programme
WHO	United Nations World Health Organization
3W	Who What Where

## Introduction

33. This report presents the findings of an interagency evaluation of the humanitarian response to the 2013-15 emergency in the Central African Republic (CAR). 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 level, from the declaration of an L3 emergency on 11 December 2013 until mid-2015.

### BACKGROUND AND PURPOSE

34. This section describes the international context for this inter-agency humanitarian evaluation (IAHE) in CAR, including the evolution of inter-agency coordination efforts, the establishment of IAHEs, and some underlying assumptions.
35. 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 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 (incl. a basis for dialogue among) all stakeholders, in particular affected population and global stakeholders (incl. 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 IASC and practice recommendations to the HCT, in order to inform preparation of HRP 2016 and enable key improvements.
36. 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.<sup>1</sup> 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 Inter-Agency Standing Committee (IASC), in order to improve the effectiveness of humanitarian responses to crises. In 2011, recognizing weaknesses in the multilateral humanitarian response system, 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.
37. In 2013, on the basis of the three pillars of the TA (accountability, leadership and coordination), the IASC endorsed the TA Protocols. The Protocols are composed of eight reference documents (see box below) 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 operational peer review (OPR) and IAHE. OPRs and IAHEs are tools to assess whether the collective response has met its objectives and provide information on areas that need improvement.

**Table 1: Transformative Agenda Protocols – Reference Documents**

<p><a href="#">1. Concept Paper on 'Empowered Leadership'- revised March 2014</a></p> <p><a href="#">2. Humanitarian System-Wide Emergency Activation: definition and procedures</a></p> <p><a href="#">3. Responding to Level 3 Emergencies: What 'Empowered Leadership' looks like in practice</a></p> <p><a href="#">4. Reference Module for Cluster Coordination at the Country Level</a> (November 2012)</p> <p><a href="#">5. Humanitarian Programme Cycle Reference Module Version 1.0</a> (December 2013)</p> <p><a href="#">6. Accountability to Affected Populations Operational Framework</a></p> <p><a href="#">7. Inter-Agency Rapid Response Mechanism (IARRM) Concept Note</a> (December 2013)</p> <p><a href="#">8. Common Framework for Preparedness</a> (October 2013)</p> <p><a href="https://interagencystandingcommittee.org/iasc-transformative-agenda">https://interagencystandingcommittee.org/iasc-transformative-agenda</a></p>
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<sup>1</sup> 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).



38. The IASC Principals agreed that major, sudden-onset humanitarian crises triggered by natural disasters or conflict which 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.<sup>2</sup>

**Inter-Agency Humanitarian Evaluations (IAHE)**

39. 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 UN 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 Level 3 (L3) emergency. IAHE final reports are expected to be available between 12 and 15 months after the declaration of an L3 emergency.

40. 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 population. The promotion of accountability includes the consistent application of quality standards, adherence to core humanitarian principles, and fostering strategic learning for the humanitarian system.

**Table 2: IAHE Impact Pathway**

COORDINATED HUMANITARIAN ACTION IMPACT PATHWAY						
<b>Longer-Term Impact</b>	AFFECTED PEOPLE PROTECTED, WELL-BEING AND CAPACITY TO WITHSTAND/COPE WITH/ADAPT TO SHOCKS IMPROVED			NATIONAL PREPAREDNESS AND EMERGENCY RESPONSE CAPACITY IMPROVED		
	↑	↑	↑	↑	↑	↑
<b>Early Impact</b>	PEOPLE PROTECTED	LIVES SAVED AND LIVELIHOODS SECURED		GOVERNMENT LEADERSHIP AND OWNERSHIP OF THE RESPONSE		
	↑	↑	↑	↑	↑	↑
<b>OUTCOMES</b>	HUMANITARIAN ACCESS SECURED	RELEVANT RESPONSE (HIGH QUALITY MULTI-SECTORAL)	CONNECTEDNESS AND COODINATION BETWEEN HUMANITARIAN STAKEHOLDERS	GOOD COVERAGE (EQUITABLE, FEWER GAPS AND DUPLICATIONS)		
	↑	↑	↑	↑	↑	↑
<b>OUTPUTS</b>	COORDINATION MECHANISMS	JOINT SITUATION ANALYSIS	JOINT NEEDS AND CAPACITY ASSESSMENTS	JOINT PLANS (ERP/PRP/SRP)	JOINT ADVOCACY	ADEQUATE FINANCIAL AND HUMAN RESOURCES
	↑	↑	↑	↑	↑	↑
	LEADERSHIP					

<sup>2</sup> IASC, Humanitarian System-Wide Emergency Activation: definition and procedures, (IASC Transformative Agenda Reference Document, 13 April 2012)

<b>INPUTS</b>	HUMAN RESOURCES, INCLUDING SURGE CAPACITY
	POOLED AND AGENCY FUNDS
	GUIDANCE AND PROGRAMMING TOOLS (HPC, MIRA, STANDARDS, ETC.)
	LOGISTICS

Source: IAHE Guidelines 2014

### Assumptions

41. 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 interagency response in CAR, and taking into account the IAHE Impact Pathway (Table 2), we raised the following questions to guide our proposed approach: (i) What did the interagency response achieve in relation to saving lives and reducing suffering? (ii) How well applied were interagency coordination mechanisms, and how much did they contribute to achievements? (iii) How responsible and accountable was the interagency response in relation to the population affected as well as local and national stakeholders?

### COUNTRY CONTEXT

42. This section describes the context for the inter-agency response in CAR: 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

43. In 2012, the Central African Republic (CAR) faced a chronic crisis in human development. CAR ranked third lowest in UNDP's Human Development Index out of 187 countries and territories.<sup>3</sup> UNICEF reported that CAR 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 expectancy (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).<sup>4</sup>
44. At the same time, CAR faced a chronic crisis in governance. Since independence in 1960, CAR experienced multiple coups d'état, and a longstanding economic crisis that eroded the country's capacity to provide basic services and protection to its people. The first elected president in October 1993, Ange-Félix Patassé, was ousted in March 2003 by General François Bozizé, who was 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.<sup>5</sup> By 2013, CAR's aid-dependent economy had collapsed without serious investors, and barely existent social services were subcontracted to donors and NGOs.<sup>6</sup>
45. In 2012, CAR 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.<sup>7</sup>

#### Complex emergency (2012-2013)

46. In 2013, CAR's protracted crisis became an increasingly complex emergency. The overthrow of General François 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 and seized power.

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

<sup>4</sup> [http://www.unicef.org/hac2011/files/HAC2011\\_4pager\\_CAR.pdf](http://www.unicef.org/hac2011/files/HAC2011_4pager_CAR.pdf)

<sup>5</sup> UN Security Council, Letter dated 26 June 2014 from the Secretary General addressed to the President of the Security Council (UNSC 26 June 2014)

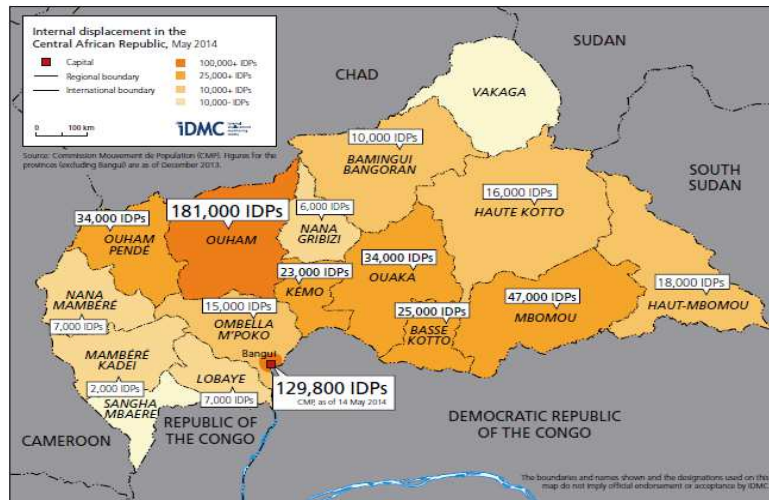
<sup>6</sup> International Crisis Group, The Central African Crisis: From Predation to Stabilisation (Africa Report N219, Brussels, 17 June 2014) <http://www.crisisgroup.org/~media/Files/africa/central-africa/central-african-republic/219-la-crise-centrafricaine-de-la-predation-a-la-stabilisation-english.pdf>

<sup>7</sup> UN, Central African Republic Consolidated Appeal 2013, OCHA

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 (UNSC June 2014).

47. The overthrow of Djotodia in December 2013 was accompanied by further atrocities and grave rights violations. Armed militias led by the remnants of the CAR 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 (UNSC June 2014). 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 (ICG June 2014). 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 (100-day plan).
48. The crisis set off international alarm about genocide and mass atrocities. In November 2013, France warned that CAR was "on the verge of genocide" and the UN Secretary-General said further tension "might well lead to uncontrollable sectarian violence with untold consequences for the country, the sub-region and beyond."<sup>8</sup> In December, the U.S. ambassador to the United Nations, Samantha Power, travelled to CAR to underline her country's commitment to stemming mass atrocities. The people of CAR, she warned, were facing "profound danger, and we all have a responsibility to help them move away from the abyss."<sup>9</sup> Some noted that preventative steps could have mitigated the violence.<sup>9</sup>
49. 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 (HNO14). 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.<sup>10</sup>

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



Source: IDMC, 2014

50. In 2013, the number of people displaced increased tenfold. Between March 2013 and July 2014, displacement figures skyrocketed, until around 958,000 people (20% of the country's population) were believed to be internally displaced.<sup>11</sup> 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

<sup>8</sup> Reuters, France says Central African Republic on verge of genocide, 21 Nov 2013, <http://uk.reuters.com/article/2013/11/21/uk-centralafrica-france-idUKBRE9AK0WU20131121>

<sup>9</sup> 'Can Samantha Power Wage a War on Atrocities in Central African Republic?' by Colum Lynch, Foreign Policy, 19 December 2013 <http://foreignpolicy.com/2013/12/19/can-samantha-power-wage-a-war-on-atrocities-in-central-african-republic/>

<sup>10</sup> Humanitarian Needs Overview 2014, OCHA/HCT Central African Republic, October 2013; OCHA, 100 Day Plan for Priority Humanitarian Action in the Central African Republic, 24 December 2013-2 April 2014 (December 2013)

<sup>11</sup> Internal Displacement Monitoring Centre, Central African Republic: Amid extreme poverty and state fragility, more robust response needed (IDMC 30 May 2014)

at the international airport – and in the provinces. Some populations fled into the bush where unknown numbers died from untreated illnesses.<sup>12</sup>

51. 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.<sup>13</sup> 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 USD 440m, including USD 117m for humanitarian assistance focused on return of displaced persons and re-establishing basic services.

### Acute phase (December 2013)

52. In December 2013, CAR'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 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 inter-communal violence rife and evidence of ethnic cleansing in some areas, the country seemed to be spiralling into chaos (100-day plan), exacerbated by key facts such as the Chadian army evacuation, the PK 12 Muslim community relocation, the de facto partition of CAR with Bambari as frontline or ex-Seleka split into at least 3 groups and Anti Balaka into at least 9 factions.
53. 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 (100-day plan).
54. In January 2014, the HCT highlighted the following priority concerns: extensive displacement, with 902,000 IDPs in CAR 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.<sup>14</sup>
55. 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 (UNSG 2014).
56. 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 continue 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 of 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.<sup>15</sup>
57. 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

<sup>12</sup> Save the Children, Central African Republic: Life The Bush - "We Live Like Animals, We Are Barely Surviving". (Michael McCusker, Programme Officer, 2 December 2013); <https://www.savethechildren.net/article/central-african-republic-life-bush-%E2%80%9Cwe-live-animals-we-are-barely-surviving%E2%80%9D>

<sup>13</sup> République Centrafricaine, Projet de Programme d'Urgence et de Relèvement Durable 2013 – 2015, (Draft, August 2013)

<sup>14</sup> HCT, 2014 Strategic Response Plan Central African Republic (Revised), 1 January-31 December 2014.

<sup>15</sup> Report of the Secretary-General on the situation in the Central African Republic, UNSC 28 November 2014

- accused of extrajudicial assassinations; indiscriminate and targeted killing of civilians; mass executions; and sexual and gender-based violence. The anti-Balaka were also accused of killings and ethnic cleansing.<sup>16</sup>
58. 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 make-shift sites, such as religious buildings or the Bangui International Airport, and some were hosted by local communities. Across CAR, 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 (100-day plan). Serious challenges to property rights existed after homes and agricultural fields were vacated. The total scale of the violations and abuses remains unknown.<sup>17</sup>
  59. When Seleka 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 AU and French peacekeepers, and in Muslim neighbourhoods. Anti-Balaka 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.<sup>18</sup> At this time, the number of Central African refugees in the neighbouring states of Cameroon, Chad, the Democratic Republic of Congo, and the Republic of Congo rose from 246,000 in January to 349,452 at the beginning of May 2014.<sup>19</sup>
  60. Although Muslims have a significant presence in the northeast of the country, many Muslims who remained in CAR 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 up to 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.<sup>20</sup>
  61. 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, a profound tearing of the social and community fabric plunged populations into insecurity and increasing vulnerabilities, especially for women and children (HNO2015).
  62. An African-led International Support Mission to CAR (MISCA) was created by the United Nations (UN) Security Council on 5 December 2013, with a mandate to protect civilians and restore security. A transfer of authority from MISCA to MINUSCA took place on 15 September 2014. In August, MINUSCA developed a United Nations system-wide protection-of-civilians strategy that was finalized in September and that has been distributed to all MINUSCA staff. MINUSCA protection efforts focused on the development of measures to prevent threats to civilians and on the allocation of resources to implement them. 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 (UNSG 2015).
  63. During 2014, some development-oriented programmes were introduced. The 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 \$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 \$22 million in budgetary support (UNSG 2015).

<sup>16</sup> UNSC, Preliminary Report of the International Commission of Inquiry on the Central African Republic, submitted pursuant to the Security Council resolution 2127 (2013) June 2014.

<sup>17</sup> NGOs, Central African Republic: No More Half Measures, 26 September 2014

<sup>18</sup> Human Rights Watch, Central African Republic: Muslims Trapped in Enclaves (HRW, December 22, 2014) <http://www.hrw.org/news/2014/12/22/central-african-republic-muslims-trapped-enclaves>

<sup>19</sup> Internal Displacement Monitoring Centre, Central African Republic: Amid extreme poverty and state fragility, more robust response needed (IDMC 30 May 2014)

<sup>20</sup> Amnesty International, Central African Republic: Ethnic cleansing and sectarian killings, 12 February 2014; <https://www.amnesty.org/en/articles/news/2014/02/central-african-republic-ethnic-cleansing-sectarian-violence/>

**Persistent needs (2015 and beyond)**

64. In 2015, CAR 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, though 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 (UNSG 2015). Civilians in the western and central parts of the country faced security threats, and enclaves of vulnerable populations, nearly all Muslim, remain insecure around the country. Nonetheless, protection assistance from MINUSCA, humanitarian actors, and the French Sangaris force deterred and restricted some activities of armed groups. 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.<sup>21</sup>
65. 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 (UNSG 2015).
66. 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 (HRP 2015).
67. 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 UNICEF, UNHCR and OCHA to identify and address protection issues (UNSG 2015). At the same time, peacekeeping forces also faced high-profile allegations of misconduct and sexual abuse.<sup>22</sup>

**RESPONSE AND PLAN**

68. As a complex emergency gripped CAR in 2013, the international community assisted CAR through development and humanitarian interventions. Even before the current crisis, the government and the UN 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:<sup>23</sup> 1) Peace-keeping, good governance and rule of law; 2) sustainable and fair development and regional equity; 3) Investment in human capital, including the fight against HIV/AIDS. Since the onset of crisis, the UN has continued developing annual humanitarian programmes. For 2013, the Humanitarian Country Team's Consolidated Appeals Process (CAP) requested USD 129.3m to support 102 projects that aimed to provide life-saving assistance for people affected by emergencies and to stabilize livelihoods through integrated recovery activities.
69. In October 2013, the Emergency Directors of eight IASC agencies visited CAR to identify ways to expand the scale and reach of humanitarian delivery and ensure headquarters support to the HCT.<sup>24</sup> 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.

**L3 Declaration**

70. As crisis engulfed Bangui, based on a recommendation by the IASC, the United Nations Emergency Relief Coordinator declared a system-wide L3 emergency for CAR on 11 December 2013.<sup>25</sup> Accordingly, the ERC

<sup>21</sup> IAHE, Inter-Agency Humanitarian Evaluation (IAHE) of Response to crisis in the Central African Republic, terms of reference, 15 June 2015

<sup>22</sup> UNSG spokesman Stéphane Dujarric reported 57 allegations of possible misconduct in CAR since the beginning of the mission in April 2014, including 11 cases of 'possible sexual abuse.' (Daily press briefing, 12 August 2015); <http://www.un.org/press/en/2015/db150812.doc.htm>

<sup>23</sup> Plan Cadre Des Nations Unies Pour L'aide Au Développement De La République Centrafricaine (Undaf+ 2012-2016).

<sup>24</sup> IASC, Emergency Directors: Mission to CAR: Summary Report, 17-19 October 2013

<sup>25</sup> By designating a crisis a 'Level 3' (L3) emergency, the UN's Emergency Relief Coordinator aimed to mobilise 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

decided to deploy a new Senior Humanitarian Coordinator, allocate an additional USD 40 million in CERF funding, apply the Accountability to Affected Populations (AAP) framework, and engage the Human Rights Up Front agenda.<sup>26</sup>

71. Soon after the L3 emergency was declared, United Nations-led humanitarian activities in CAR 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 UN system for evacuating its staff during much of 2012 on 'vague security concerns', putting UN staff on lock down during critical moments in 2013 (e.g., the Bossangoa camps were abandoned for days by the UN 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.'<sup>27</sup>
72. Within a week of the L3 declaration, the UNCT began implementing a humanitarian action plan. The 100-day Action Plan (issued 23 Dec 2013) for Priority Humanitarian Action in CAR introduced strategic objectives linked to the 2014 Strategic Response Plan (SRP, previously the CAP, published on 19 Jan 2014) and sought to rapidly scale up the humanitarian response to halt the deterioration of the situation. It requested USD 152.2 million and identified 2.2 million people in need of humanitarian assistance, including 639,000 IDPs (OCHA Dec. 2013). 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.

#### SRP 2014

73. By January 2014, the HCT produced a revised SRP for the year ahead, targeting 1.8 million people (40% of CAR's population) 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 (SRP 2014). 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: (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 basic services for returnees and other affected people; and (iv) Restore the resilience of affected communities. For this purpose, the HCT requested USD 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 USD 110.8m which came from outside of SRP, mainly ICRC/IFRC, MSF, bilateral channels/INGOs.
74. In late 2014, INGOs called for improvements in the international response and an end to 'half-measures' (NGOs 2014). 'As long as half measures remain the status quo, the people of CAR will continue living under the shadow of violence and displacement,' they said in a statement.<sup>28</sup> '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.' An MSF representative urged the aid system to commit to CAR for the longer term in order to establish appropriate expertise and presence and respond to the enormous needs of the population.<sup>29</sup>

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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 Syria and CAR, and for the typhoon in the Philippines. In 2015, L3 is declared for Iraq, Syria, CAR and South Sudan.

<sup>26</sup> The Human Rights Up Front (HRuF) initiative, launched by the UN Secretary-General in late 2013, seeks to ensure the UN system takes early and effective action to prevent or respond to large-scale violations of human rights or international humanitarian law. It seeks to ensure that human rights and the protection of civilians are seen as a system-wide core responsibility. See UN Website, <http://www.un.org/sg/rightsupfront/>

<sup>27</sup> Open Letter to the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator on Central African Republic, 12 December 2013, <http://www.doctorswithoutborders.org/news-stories/speechopen-letter/open-letter-un-under-secretary-general-humanitarian-affairs-and>

<sup>28</sup> 'Central African Republic: No More Half Measures', (NRC, Oxfam, Save the Children, IRC, Concern, Intersos, CRS, INSO, DRC, MercyCorps, CAFOD, Tearfund, IDMC; 26 September 2014).

<sup>29</sup> Picco, E. 'Central African Republic: fragile state, fragile response,' (Humanitarian affairs advisor for Médecins, Sans Frontieres, Humanitarian Exchange, Number 62, September 2014).

75. In 2014, overall funding for the CAR response (SRP) was relatively high, with 68% of requirements covered. Revised requirements were USD 555m, and funding was USD 412m, leaving USD 143m unmet. This made CAR the third best-covered crisis among 31 Strategic Response Plans in 2014, ranking after Ukraine (96%) and South Sudan (79%) but above most of its neighbours, such as Cameroon (61%), Chad (36%), DRC (45%), Republic of Congo (42%), and Sudan (56%). Its funding was higher than the overall average (58%) and above Afghanistan (67%) and Iraq (71%).<sup>30</sup> In 2014, CAR was no longer featured in ECHO's forgotten crisis listings,<sup>31</sup> though it remained atop ECHO's Global Vulnerability and Crisis Assessment Final Index.<sup>32</sup>
76. However, a review of SRP and FTS data reveals significant coverage gaps. First, SRP data shows large gaps between people in need and people targeted, leaving out 700,000<sup>33</sup> people altogether as well as 2.6m in need of health assistance, 1.7m in need of WASH, and 600,000 each in need of protection and early recovery. Second, FTS data shows some sectors were significantly underfunded, including early recovery, which received only 5% of needed funds, multisector/refugees (3%), CCCM (3%), shelter/NFI (24%), education (27%), protection (47%), WASH (64%), health (72%), and food security (58%). 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% of funding requirements were covered anyway.

**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**
<b>Total</b>	2.50m	1.80m	0.70m	551.3	375.3	176	68%
<b>Food security</b>	1.60m	1.25m	0.35m	180.0	104.4	76	58%
<b>Protection</b>	2.60m	2.00m	0.60m	74.0	34.7	39	47%
<b>Early recovery</b>	3.00m	2.40m	0.60m	60.0	3.2	57	5%
<b>Health</b>	3.40m	0.80m	2.60m	56.4	40.4	16	72%
<b>Education</b>	0.80m	0.68m	0.12m	33.0	8.8	24	27%
<b>Shelter/NFI</b>	0.70m	0.70m		31.7	7.5	24	24%
<b>WASH</b>	2.60m	0.90m	1.70m	27.5	17.5	10	64%
<b>Nutrition</b>	0.60m	0.36m	0.24m	22.0	19.1	3	87%
<b>CCCM</b>	0.50m	0.50m		..	0.3	9	3%
<b>Multisector /refugees</b>	0.02m	0.02m		19.3	0.5	19	3%
<b>Coordination</b>	NA	NA		15.5	16.7	0	100%
<b>Logistics</b>	NA	NA		10.0	7.5	3	75%
<b>ETC</b>	NA			1.9		2	0%
<b>Emergency telecoms</b>					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)

## HRP 2015

77. In 2015, humanitarian assistance targeted 2 million people, a slight increase on the previous year. The response is concentrated on emergency relief, protection, and reinforcement of resilience. Its strategic objectives are: (i) To immediately improve the living conditions of newly displaced individuals, ensuring their protection and providing them with basic goods and social services; (ii) To reinforce the protection of civilians, including their basic rights, in particular those of women and children; (iii) To increase access to basic services and means of subsistence for vulnerable men and women; and (iv) To facilitate sustainable solutions for displaced individuals and refugees, particularly in the areas of return and reintegration. To achieve this, the HCT requested USD 612.9m (HRP 2015), a further increase from 2014, even as total humanitarian funding outside of SRP shrank to USD 56.7m.
78. Some voices called for stepped up efforts at stabilization. One INGO said the international community cannot afford to wait for ideal conditions to lay the groundwork for CAR's future. 'It must take an approach that allows

<sup>30</sup> 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](http://fts.unocha.org/reports/daily/ocha_R21_Y2014_asof__22_February_2015_(03_01).pdf)

<sup>31</sup> ECHO, Forgotten Crisis Assessment 2014, [http://ec.europa.eu/echo/files/policies/strategy/fca\\_2014\\_2015.pdf](http://ec.europa.eu/echo/files/policies/strategy/fca_2014_2015.pdf)

<sup>32</sup> ECHO, Global Vulnerability and Crisis Assessment Final Index Rank; [http://ec.europa.eu/echo/files/policies/strategy/gna\\_2013\\_2014.pdf](http://ec.europa.eu/echo/files/policies/strategy/gna_2013_2014.pdf)

<sup>33</sup> 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.



for security and good-governance to take root while significantly increasing investment to meet humanitarian needs,' said 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.'<sup>34</sup>

79. Emergency assistance remained 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 CAR, 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.<sup>35</sup>

**Table 4: HRP 2015 in numbers**

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

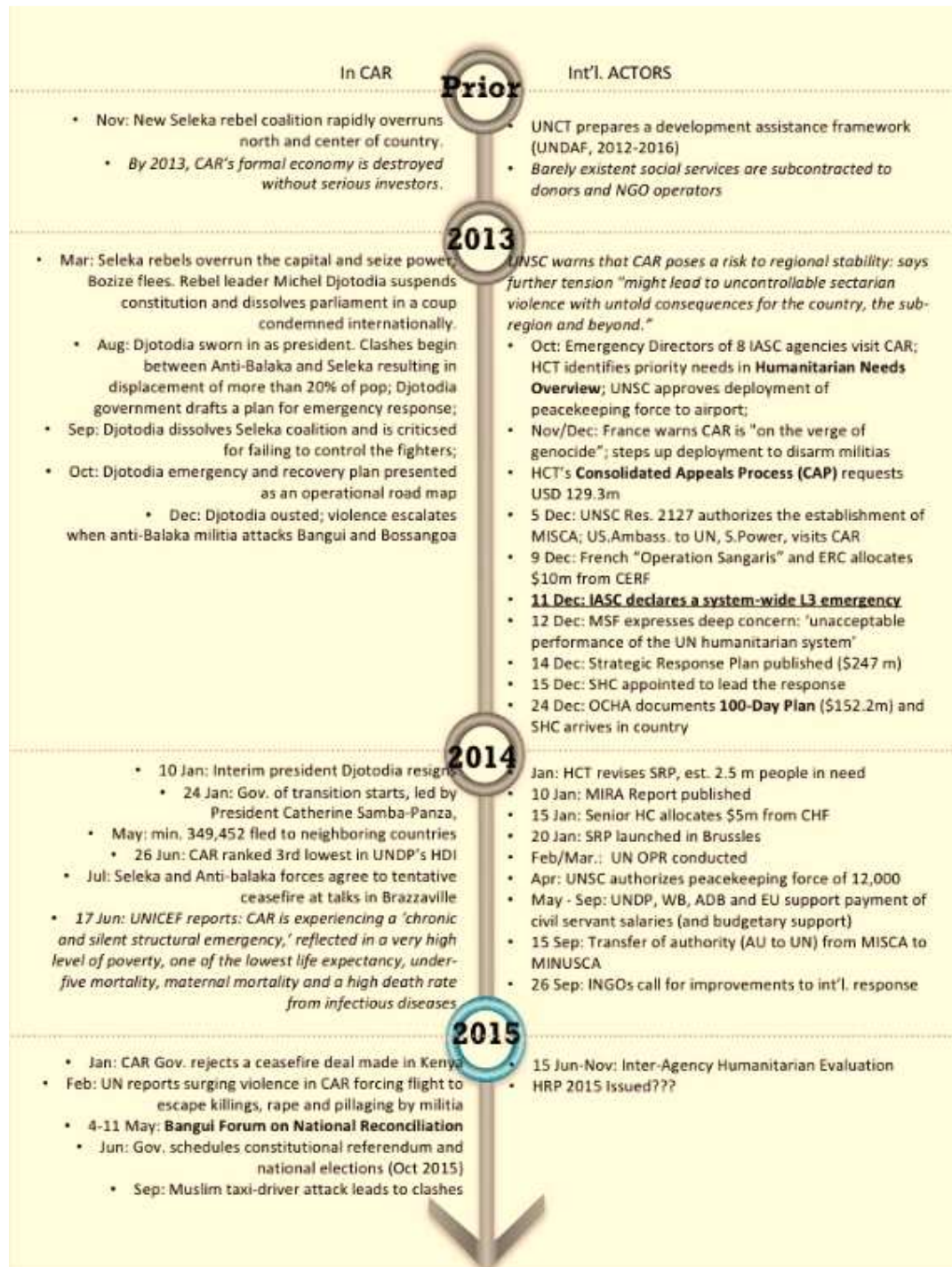
80. Lower funding in 2015 is revealing gaps in coverage, with only 30% of total funding requirements covered by mid-year. The best funded sectors are coordination (42%), education (38%), and logistics (37%), suggesting a donor preference for strengthening capacity and coordination. Several sectors are severely underfunded, including shelter/NFI (4%), interventions/refugees (6%), nutrition (12%), or less than a quarter funded, CCCM (16%), WASH (17%), and protection (24%). Coverage gaps are also evident, with 700,000 overall in need but

<sup>34</sup> Too Soon to Turn Away, Security, Governance and Humanitarian Need in the Central African Republic, (International Rescue Committee, July 2015)

<sup>35</sup> IFRI, Penser et anticiper les impacts socio-économiques de l'intervention humanitaire en République centrafricaine, Thierry Vircoulon, Charlotte Arnaud, IFRI June 2015

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 CAR's crisis and international response**



## METHODOLOGY

81. 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 2.

## User engagement

82. 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 on-going 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). Throughout the evaluation, we worked with the IAHE management group to engage key stakeholders.

## Framework development

83. 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 benefitted 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	<ul style="list-style-type: none"> <li>• Strategic objectives</li> <li>• Protection</li> </ul>
	1.2 Outcomes	
	1.3 Factors	
2. Coordination	2.1 Programming principles	<ul style="list-style-type: none"> <li>• Coordination (L3, Mechanisms, Gaps)</li> <li>• Leadership</li> <li>• Accountability</li> </ul>
	2.2 Guidance	<ul style="list-style-type: none"> <li>• HPC</li> <li>• Preparedness</li> <li>• Needs assessment</li> <li>• Planning</li> </ul>
	2.3 Monitoring	<ul style="list-style-type: none"> <li>• Systems (systems, tools, evaluation)</li> </ul>
3. Accountability	3.1 Humanitarian principles	<ul style="list-style-type: none"> <li>• Humanity (coverage, secure access)</li> <li>• Impartiality (relevant to needs, specific needs)</li> <li>• Neutrality</li> <li>• Independence</li> </ul>
	3.2 Affected population	<ul style="list-style-type: none"> <li>• AAP</li> <li>• Appropriate to priorities</li> </ul>
	3.3 National development	<ul style="list-style-type: none"> <li>• National and local authorities</li> <li>• Recovery and development</li> <li>• Resilience</li> <li>• Conflict sensitivity</li> </ul>

## Stakeholder consultation

84. A key strength of this evaluation was a highly structured approach to stakeholder consultation. We use the term 'stakeholder' to designate anyone who had a stake in (or should have) the international humanitarian response in CAR. 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,<sup>36</sup> in line with the number and range of stakeholders expected by the sampling strategy.

85. 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<sup>37</sup> 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.<sup>38</sup>

**Table 6: Key stakeholders in CAR's interagency response**

	Who are they?	What stake/s in response?
Global stakeholders (GS)	<ul style="list-style-type: none"> <li>IASC membership,</li> <li>major donors,</li> <li>peace and security actors,</li> <li>human rights actors,</li> <li>development actors, and</li> <li>regional and transnational bodies.</li> </ul>	<ul style="list-style-type: none"> <li>International responsibility,</li> <li>shared governance,</li> <li>financial and political, investment,</li> <li>strategy and knowledge management.</li> </ul>
Operational stakeholders (OS)	<ul style="list-style-type: none"> <li>HCT membership</li> <li>UN agencies</li> <li>INGOs</li> <li>NNGOs</li> <li>Red Cross and MSF*</li> <li>State actors</li> <li>Operational donors</li> </ul>	<ul style="list-style-type: none"> <li>Participants in SRP</li> <li>Programme implementation</li> <li>Response coordination</li> <li>Quality and accountability</li> <li>Advocacy and partnership</li> </ul>
Affected population (AP)	<ul style="list-style-type: none"> <li>Population/s affected by emergency</li> <li>Beneficiaries in SRP</li> <li>Representatives, government and civil society</li> </ul>	<ul style="list-style-type: none"> <li>Intended benefits (reduced mortality/morbidity, dignity, protection, resilience)</li> <li>Unintended consequences</li> </ul>

\*Non-participants in SRP/HSP

**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
<b>Global stakeholders</b>	Population mapped, with OCHA NY	Active involvement	by type (i.e. who are they);  by stake (i.e. what stake)	None, based on function only	<b>n = 15-20</b>
<b>Operational stakeholders</b>	Population mapped, with OCHA CAR  OCHA counts 105 actors in the cluster system. SRP 2014 reports 76 actors  Additional non-SRP actors to consider: large faith-based actors, and stabilization actors	Size of response  Strategic level	by sector,  by geography	None, based on function only	<b>n = 45-60</b> [15-20x UN, 15-20x INGO, 15-20x national actors]
<b>Affected population</b>	Defined populations and geographies targeted in SRP 2014 and HRP 2015	Populations most affected and targeted with	IDP sites and mixed/host communities,	Include the following:  women and	<b>3-5 Cases Studies (communities)</b> 1 x community at risk, 1-2 x large IDP sites,

<sup>36</sup> This number reflects 'stakeholders' consulted (including 13 global, 51 operational and 70 from the affected population, see Table 14 and stakeholder names in Annex 3)

<sup>37</sup> 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.

<sup>38</sup> See Better Evaluation, 'Sample,' accessed 25 June 2015 from: <http://betterevaluation.org/plan/describe/sample>

Stakeholder group	Entire population	Selection criteria (main category sought)	Stratification (level of disaggregation)	Inclusion strategy	Expected number to be consulted
		large/most assistance	Christians and Muslims,  Geographic (representing multiple regions in CAR, Bangui and outside)	men;  children and older people;  people with disabilities;  most vulnerable and most resilient	1-2 x mixed populations (IDPs, hosts, returnees)  <i>n</i> = 5-7 in-depth interviews per case study; as well as conversations with 9-12 other individuals; general observations; verbatim quotes and 'vox-pop' <sup>39</sup> insights

Table 8: Stakeholders consulted

Group	Total	Stratification
<b>Global stakeholders</b>	Global stakeholders: 13	<ul style="list-style-type: none"> <li>• 5 IASC</li> <li>• 5 UN</li> <li>• 2 INGO</li> <li>• 2 human rights</li> <li>• 2 peace and security</li> <li>• 2 major donors</li> <li>• 1 IGO</li> </ul>
<b>Operational stakeholders</b>	Operational stakeholders: 51 <ul style="list-style-type: none"> <li>• UN/IGO actors: 20</li> <li>• INGO actors: 20</li> <li>• National actors: 11</li> </ul>	<ul style="list-style-type: none"> <li>• 2 HCs</li> <li>• 6 UN reps/3 AIs</li> <li>• 3 cluster coordinators</li> <li>• 4 OCHA</li> <li>• 17 INGO heads</li> <li>• 9 largest NNGOs</li> <li>• 2 government actors</li> </ul>
<b>Affected population</b>	Affected population: 70 <ul style="list-style-type: none"> <li>• National leaders: 12</li> <li>• Bambari: 12</li> <li>• Batangafo: 11</li> <li>• Kouango: 11</li> <li>• Boda: 15</li> <li>• PK5: 9</li> </ul>	<ul style="list-style-type: none"> <li>• National and community levels</li> <li>• Political, religious and civil society representatives</li> <li>• Three large IDP camps</li> <li>• Two enclaves (communities at risk)</li> <li>• Two mixed populations</li> </ul>

### Data collection

86. The evaluation used a mixed methods approach to data collection. To collect and analyse data, we used the following five methods: Document review (DR); Data analysis (DA); In-depth interviews (IDIs); a polling exercises (PE) and case studies (CS).

87. In the document review (DR), 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 analysis of data (DA) compiled on the interagency response. In the in-depth interviews (IDI), we conducted semi-structured conversations with global stakeholders, operational stakeholders, and leaders of the affected population. Nearly all of those same IDIs also used a polling exercise (PE), in which we asked a dozen or so 'polling' questions to collect quantitative ratings on specific matters:<sup>40</sup> results and process (see Annex). In order to collect the views of affected

<sup>39</sup> 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.

<sup>40</sup> The 22 polling questions aimed to capture knee-jerk 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.

populations we conducted five case studies (CS) of different communities, including communities at risk (see Annex/reports available).

### Listening to people affected

88. 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 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.
89. 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 Mpoko; communities at risk or Muslim enclaves; Boda, 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 1 or 2 informants was found and interviewed for each category. Following an agreed protocol inspired by an 'anthropological' listening approach,<sup>41</sup> we produced 5-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.<sup>42</sup>

### Analytical strategy

90. Quantitative: For the polling exercise (PE), 69 respondents provided answers (for the UN: 19; INGOs: 20; National Actors: 14; AP Leaders: 9; GA: 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%, between 33% and 66%, and more than 66% 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<sup>43</sup> and FTS reporting of funding received.<sup>44</sup> This allowed a comparison between funds requested and funds received.
91. 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 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.

### Reporting

92. 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

<sup>41</sup> See Anderson M.B, et al. '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>

<sup>42</sup> NRC, 'When Perceptions Matter: Humanitarian Access in the Central African Republic,' (Study led by Dr. Jean S. Renouf, March 2015)

<sup>43</sup> 2014 Strategic Response Plan Central African Republic (OCHA on behalf of Humanitarian Country Team, Revised, 19 January 2014)

<sup>44</sup> 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)

- 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

93. 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 CAR at key 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.

## Section 1: 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 CAR 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
	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
	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
	2. To reinforce the protection of civilians, including their basic rights, in particular those of women and children
	3. To increase access to basic services and means of subsistence for vulnerable men and women
	4. To facilitate sustainable solutions for displaced individuals and refugees particularly in areas of return or reintegration

Sources: SRP 2014, HRP 2015

### APPROPRIATENESS

94. Appropriateness was an area of clear weakness in the response. The overall response strategy outlined in the SRP and 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.
95. Strategy was not appropriate to 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 need most was to live in their homes safely and conduct their economic activities in security. Spontaneous returns have begun, but they lack strategic support and coordination.

96. The strategy also did not link the response to the expectations for development and governance, which were root causes of CAR's crisis. A majority of INGOs considered CAR 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 in CAR is development-related, its resolution could also have been shared with development partners. However, as the context in 2014/15 was also considered to be "a complex emergency", humanitarians were called to resolve the humanitarian part of that crisis. The most acute need for them was to save and protect lives; the fact that an L3 was declared and most of the HRP funding received was 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.'
97. 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.
98. The response strategy, however, was not consistently appropriate to people's priorities. Central Africans widely believe they are not listened to in the design of projects, and that aid does 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 appropriateness of aid, especially its timeliness, quantity and quality. UN actors believed strategies were inappropriate to people's changing priorities due to a lack of ongoing monitoring.
99. In all, too little was done to consider the priorities of the populations affected (IAHE), to consult them in any prioritization process (IAHE), or to deliver assistance in an appropriate manner. This finding is of high importance to making the response accountable to the affected population (see AAP).

## RELEVANCE

100. The relevance of the response was satisfactory in relation to needs assessed, but more questionable in relation to actual (perceived) needs. SRP objectives were highly relevant to needs aggregated in the Humanitarian Needs Overview (HNO), but always dependent on the mixed quality of CAR's needs assessments. Relevance depends ultimately on the quality of needs assessments.
101. 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. SRP 2014 objectives were based on HNO, MIRA and 'other observations', including prioritization and a concern for scale, but not communication with affected communities (CwC) as recommended by MIRA. HRP 2015's four objectives reflected HNO's three humanitarian challenges without being directly aligned to them. UN 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 SRP objectives were not always relevant to the affected populations, and most global stakeholders doubted that the SRP directly reflected real needs.
102. The relevance of SRP objectives depended on the wider quality of needs assessments in CAR. While questions were raised about collective needs assessments (see Needs assessment), analysts found weaknesses in needs assessments linked to scale, specificity, severity, and evolution of needs (OPR, HPN), 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 highlighted problems with targeting greatest needs and with meeting the scale of needs (NRC). Some people affected described a stream of NGOs and UN entities coming to collect information on needs, sometimes 'selling' their projects and returning with projects unlinked to those needs.



103. 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'.
104. Some needs assessments covered protection (see Protection). In general, INGOs felt the most relevant need in CAR 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 regards to protection, and national leaders also acknowledged the value of protection (especially for children) along with food assistance.
105. 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 (TA, IASC, HPC, IAHE). Relevance to actual needs is critical to accountability, and ensuring an impartial response based on needs alone.

## MONITORING AND EVALUATION

106. Monitoring the response's performance was a major area of weakness. Monitoring systems were unsatisfactory in CAR, 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 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 underway (but we cannot assess it).
107. 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 lowest rating of all elements in the response model, the Humanitarian Programme Cycle (see HPC). UN actors observed that the monitoring of SRP progress was weak, without any mid-year 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 field level. The local population also widely perceived agency monitoring to be insufficient, a gap that contributed to unfair distributions, mistakes, and fraud. They felt good monitoring should require the heads of operational agencies to oversee local staff.<sup>45</sup>
108. 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 (OPR). 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 SRP 2014 for strategic or cluster activities, HRP 2015 promised improvements. Based on new IASC guidance, 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.
109. The response lacked technical M+E support. UN 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 (HPN). Many operational stakeholders also raised technical questions about M&E: What is the baseline for SRP? What (robust) indicators could be used? What about cross-cutting themes? How should results be measured? How attributable are results to interagency actions? How efficient and cost-effective are they? Is the strategy right? How much time should be spent on monitoring? (Scoping) Some claimed it was not credible to claim achievement of 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.

<sup>45</sup> 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).'

110. 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 HRP 2015.
111. An OPR was conducted as required and led to course corrections. OPR is mandatory, to be conducted in first 90 days after an L3 declaration and conceived as an internal review aimed at 'course correction' (HPC). There were many signs of course corrections adopted from SRP 2014 to 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 OPR or the IAHE, so these aspects were neither monitored nor evaluated.
112. Monitoring remained a key challenge for strengthening coordination. The response failed to meet the 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. 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.

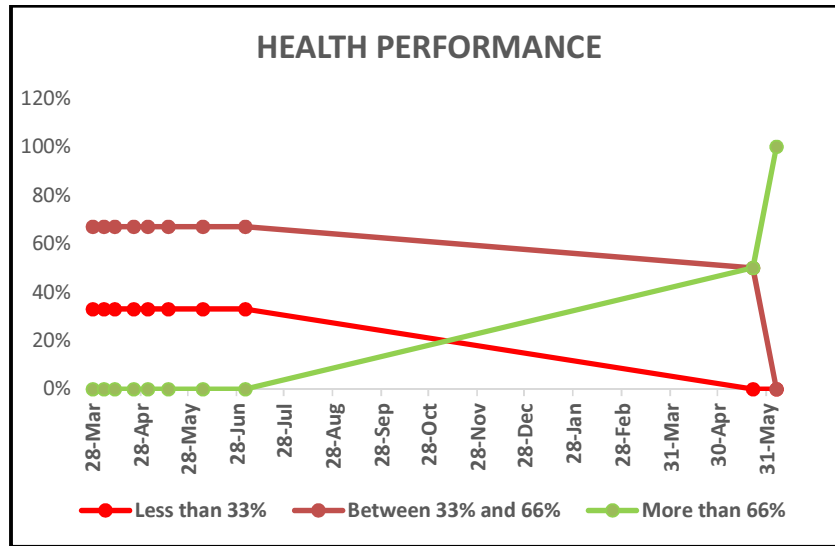
## RESULTS

113. 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 on methodology), a stakeholder polling exercise (see Annex 2), and a thorough triangulation of evidence from in-depth stakeholder interviews. In CAR, eight strategic results are set out, four in 2014 and four in 2015, along with a general logic model in 2014 (HCT 2014a p11) and alignment with 18 indicators in 2015 (HCT 2014c pp. 18-19). 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

114. In the provision of basic services,<sup>46</sup> the response achieved best results, but modest nonetheless, with delays in health (Fig. 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 all new sites were covered by a health centre and 64% 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% 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 was available for 2015.
115. Stakeholders on average rated 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 2 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 5 disagreeing. UN 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% schools and 55% health facilities were working, leaving a risk of epidemics (IASC/ED).

<sup>46</sup> i.e. health, nutrition, WASH, education

**Figure 3: Health cluster performance on indicators 2014-2015**

Source: OCHA and agencies

### Protection

116. The response achieved sporadic, but modest-to-good results in protection programmes. Monitoring data shows all protection indicators were achieved by more than two-thirds by end 2014, including children receiving psycho-social 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 5 disagreeing. During 2015, monitoring data shows 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 6 disagreed. UN actors reported that IDPs were assisted and physical protection provided (see next section).

### Assistance

117. 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. 46% 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 6 disagreeing. UN representatives agreed that food assistance was delivered, but global stakeholders reported that 1.7m people remained food insecure by end 2014, an increase from 1.3m 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**

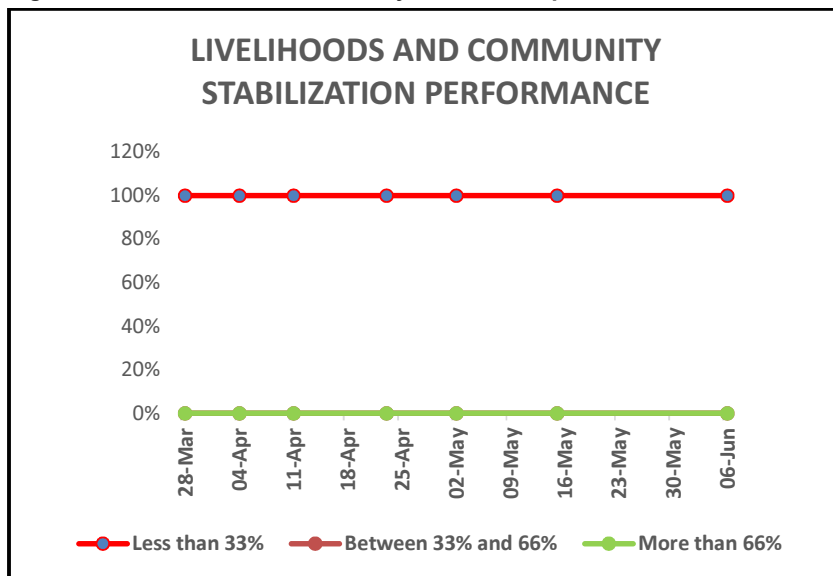


Source: OCHA and agencies

**Livelihoods, resilience and recovery**

118. The HRP achieved poor results in livelihoods, resilience and recovery. Although monitoring data on livelihoods and community participation is limited to March-June 2014, it shows 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 8 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 CAR 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**

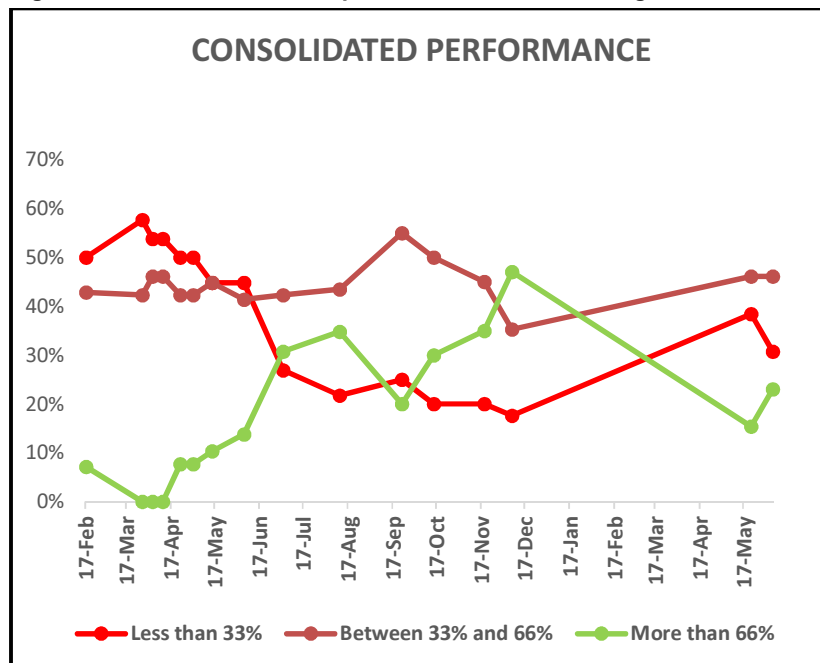


Source: OCHA and agencies

**Inter-cluster performance**

119. Aggregated across clusters, the response achieved modest and partial strategic results in 2014. Cluster monitoring data shows 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 SRP 2014's four strategic objectives, showing average agreement of 6.1/10, with little variation among UN 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. UN and INGO actors raised doubts about timeliness, INGOs and national actors questioned coverage and local relevance, and UN actors cited 'failures' in Yaloke and Mpoko. One INGO respondent feared that 'a mostly unsatisfactory response might end up seeming "just average."'
120. 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 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 UN 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 2014-15, including whether they were less 33%, 33%-66%, or more than 66% achieved.

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



Source: OCHA and agencies

### Primacy of process

121. Assessments of performance in CAR focused on process more than results. Some stakeholders considered it a main achievement that such a largescale interagency response was mounted. UN 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. MSF (2013), for example, failings in Bangui: slow, weak, inappropriate responses by UN agencies; and NGOs (2014) called for an end to 'half-measures' and for ways to 'revise response priorities and identify ways to provide more effective and accountable assistance'.

### Popular perceptions

122. 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 the response averted worse outcomes, but also claimed that concrete results were delayed, insufficient, or not visible, and that DDR was not adequately addressed for overall results to be sustainable. In the polling exercise

and in-depth interviews, national leaders were consistently the most sceptical about achievement of strategic objectives, while national actors involved in the response were 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 (NRC 2015).

*'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.'* (NRC 2015 pp2-3)

123. 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 TA (IASC 2011), the response set out collective results at the country level, but its activities were not driven by these results as expected in the HPC (IASC 2013c). Results are usually central to effectiveness, but in this response they were less important because objectives were poorly conceived (see Strategic planning), targets were inadequate (see Coverage), and outcomes were largely positive (see Outcomes).

## PROTECTION<sup>47</sup>

124. 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 CAR's manifold complex protection challenges. Protection programmes were focused on specific groups, in particular women and children, and protection strategy was delegated to the protection cluster (without the support of a more comprehensive stabilization strategy).

### Protection of civilians

125. Humanitarian contributions to POC were highly valued, and stakeholder groups concurred that civilians were protected as a result. UN 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.<sup>48</sup> By these actions, stakeholders say, humanitarians contributed to important outcomes, such as the securitization 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, UN 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 of camps or enclaves, and that protection needs greatly outweighed the mandate and ability of the international humanitarian community.
126. The affected population had mixed views on POC, with Muslim enclaves feeling physically protected (but denied 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

<sup>47</sup> Cognizant 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 p22).

<sup>48</sup> Report of the Secretary-General on the situation in the Central African Republic, UNSC 28 November 2014

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 child soldiers, but more than half had strong statements about how protection remained inadequate.<sup>49</sup> 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 of 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.

### Protection of Human rights

127. 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, UN 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 CAR were not visible to visitors.
128. 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 (see OPR), UN 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 they were prevented by insecurity, armed groups, and poor land rights. When seen to conflict with humanitarian principles, however, INGOs strongly disputed UN-backed efforts to 'force' the return of resident from M'Poko IDP site in Bangui. INGOs and members of affected populations highlighted the need for an IDPs return framework.

### Protection of Specific groups

129. 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. UN actors noted that protection of children was part of protecting all civilians, and highlighted successes in negotiating the release of hundreds of children from armed groups. They also note that 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

130. The response lacked an overarching protection strategy to deal with wide-ranging expectations, instead delegating protection strategy to the protection cluster which 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 highlighting the need to prioritize the greatest protection problems, leading the cluster to emphasize 'coverage' above other problems in CAR (HPN). Yet in early 2015, the scoping mission identified continued frustration at the lack of strategic clarity. UN actors noted difficulties in integrating protection into clusters as a cross-cutting theme, and stressed the 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, IHL).
131. 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) and accountability to affected population (see AAP).

<sup>49</sup> Examples of the inadequacies include: the lack of access to Muslim Cemetery in PK5, general lack of preparing and protecting inside camps, massacres of Peuhl, relocation of ex-Seleka to the northeast (indicating 'non-neutrality of UN'), delayed assistance to Bambari, and entire neighbourhoods in Bangui left unprotected.

## COMMUNITY RESILIENCE

132. Resilience, as defined by “the ability of communities and households to endure stresses and shocks”,<sup>50</sup> 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.
133. In CAR, strengthening resilience through livelihoods was a widely identified need. The MIRA, conducted between 21-27 December 2013 (during the peak of displacement), found 96% of all respondents had their livelihoods impeded by the crisis, and 85% 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.
134. Strategic planning was ambivalent and unclear about resilience. SRP14 made resilience a strategic objective, but contingent upon returns and relegated to second part of year. It was largely addressed through the food security cluster. HRP15 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.
135. 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. UN actors suggested that this sectoral definition, developed for 'natural' disasters, was less appropriate to CAR's 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.
136. 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 (TOR, scoping). UN 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/ED established no special measures or monitoring of resilience.
137. 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 psycho-social support. Community informants felt that resilience had to be built in the immediate 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.
138. 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 (TA), helping to build resilience and recovery processes (HPC), and strengthening livelihoods as an 'early impact' to help cope with shocks as a 'long term impact' (IAHE). Resilience is an essential link to national development, especially in the absence of state-led development, and increasingly important as L3 capacity diminishes.

## OUTCOMES

139. Despite achieving modest strategic results, evidences shows that the response contributed enormously to relieving the crisis in CAR, saving the lives of many Central Africans and preventing worse outcomes. It went a long way to achieving 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 Impact Pathway), but missed the opportunity to use greatly increased resources to address CAR'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.
140. SRP 2014 proposed that by providing USD 551bn through clusters-coordinated activities, the suffering of conflict affected people in CAR could be 'alleviated' and 'prevented'. HRP 2015 proposed a more limited theory: by achieving targets on 18 key sector-based indicators, conditions for newly displaced would be

<sup>50</sup> OCHA:Position Paper on Resilience, n.d. 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.  
<https://docs.unocha.org/sites/dms/CERF/OCHA%20Position%20Paper%20Resilience%20FINAL.pdf>



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

141. The wider humanitarian, military and political response greatly relieved the crisis in CAR. UN actors 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.
142. 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 UN 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.<sup>51</sup> Some INGOs feel that lives were only 'prolonged,' since they will be 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 CAR'), with a total of 44 of 69 clearly agreeing, and only 5 disagreeing.<sup>52</sup>
143. 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. UN 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.
144. 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. UN 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

145. The humanitarian response missed the opportunity to address CAR's chronic crisis. UN 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 CAR'. People affected also regretted the response's focus on short term objectives, and said that only HIMO cash for work and livelihood restoration had a lasting impact.

### Negative outcomes

146. The humanitarian response contributed to some negative outcomes. UN actors suggested it contributed to making 2 million people dependent on assistance, replaced national and local services, and became stalled in emergency mode which 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.<sup>53</sup>

<sup>51</sup> UN 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.

<sup>52</sup> 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 more than the strategic objectives, or whether stakeholders simply do not accept the alignment logic between these objectives and the goal.

<sup>53</sup> IFRI, *Penser et anticiper les impacts socio-économiques de l'intervention humanitaire en République centrafricaine*, Thierry Vircoulon, Charlotte Arnaud, IFRI June 2015.

147. The response's contribution to relieving the crisis demonstrated an impressive strength beyond defined strategic objectives and great contributions to SRP 2014's goal of reducing suffering. As required by the Transformative Agenda (TA) 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 to 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.

## Section 2: 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?

### INVOLVEMENT

148. 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.
149. Stakeholders were most divided about whether 'national and local ownership' made an important contribution to effectiveness, with a majority 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.
150. 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 (HNO 2014, MIRA), so UN 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.
151. 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 UN 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, UN actors felt government involvement fell short of providing leadership, taking responsibility or addressing the causes of the emergency.
152. Few national actors participated in the response. A minority received funding through the CHF, few participated in need 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 complain about the online application system for funding, requesting its simplification to allow them to access funds. The four government ministries consulted also requested more transparency in the financial management of the response, including through narrative reporting that would allow them to track funds they contributed to mobilizing.
153. 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 understandings 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.

154. 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 UN and some INGOs were more impartial than government authorities in guiding and distributing aid.
155. 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 UN-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. UN actors recognized that the response did not involve civil society and the other half of CAR's population not targeted by assistance.
156. Local leaders also expected greater involvement to improve the response. They at least expected to be informed of activities in their area (OPR). 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 (NRC). Some UN actors reported that diverse local structures were initially enabled and served to maintain the response, but their involvement declined by 2015.
157. On balance, the response did too little to develop national leadership and ownership, some local entities were too easily bypassed, and a hand-over 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.

## CAPACITIES

158. The response also did too little to build national emergency response capacity. It lacked a strategy for improving national emergency response capacity and made too little effort to strengthen capacity to respond to the next crisis (IAHE).
159. HRP 2015 spoke of reinforcing the capacity of government, local authorities, and NNGOs (HRP 2015). 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 the 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.
160. Nonetheless, the response lacked a systematic approach to strengthening national and local response capacity. UN 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 stating 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. 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 and no visible strategy for introducing one at either the national or local level. Community informants witnessed very little effort to build local capacity.
161. 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.

## NATIONAL DEVELOPMENT

162. 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.
163. In 2014, the response lacked a strategic approach to recovery. HNO 2014 reported more than two thirds of CAR's population was in need of livelihood support in the form of basic infrastructure or income generating activities. However, SRP 2014 proposes 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 (OPR). The deployment of an early recovery adviser in Jan 2014 shows recognition of this as a challenge (OPR).
164. In 2015, the response highlighted recovery opportunities at the strategic level. HNO 215 highlighted a chronic crisis and wider needs, including the need to reinforce the state to take over from the humanitarian responders. HRP 2015 places strategic emphasis on recovery, aligning it with the following development interventions: (i) the Government's Triennial Program for Emergencies and Sustainable Recovery; (ii) The Bekou fund (ESPOIR), EU Trust Fund for Central African Republic; (iii) the Temporary strategic framework of the United Nations system in CAR 2014-2015; and (iv) the World Bank and International Monetary Fund
165. Operational actors perceived a continued absence of recovery activities. Some operational stakeholders felt the HCT retained focus on humanitarian work and neglected recovery aspects. UN actors reported the response lacked an exit or handover strategy, remained stuck in emergency mode, and resisted moving into recovery. Difficulties included funding mechanisms that were either humanitarian or development; 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 a new government is elected; and the difficulty of 'recovering' in the context of a chronic emergency.
166. 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 return home from enclaves or camps.
167. 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. UN actors pointed out that humanitarian and development activity remained compartmentalized and the link between them unclear.
168. 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.
169. 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 CAR'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.

## Section 3: 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?

## COORDINATION

170. In CAR, the HCT-led coordination model was questioned and its application widely criticized, especially by INGOs and global stakeholders. Operational coordination, efforts to avoid gaps and duplications in assistance, was mostly effective, and duplications of effort in Bangui and coverage gaps at sub-national level were attributable to larger problems of coverage (see Coverage). 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 UN and INGOs 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

171. 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 UN system, slow to deploy and reliant on weak security analysis. In contrast, at least one UN 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,<sup>54</sup> and since 2011, the IASC has developed tools to strengthen the Transformative Agenda's key pillars: coordination, leadership, accountability (TA/IAHE). Coordination is considered central to meeting needs, making decisions, and 'negotiat[ing] priorities and resources in a rational and cooperative manner' (HPC).
172. Coordination in its widest sense received very mixed reviews in CAR. 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 rate 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 UN actors reported operational coordination through the 3Ws tool was effective, as was cluster coordination. National actors believed coordination was a major success. OPR found strengths and weaknesses in coordination.
173. Operational UN, INGO, and global stakeholders all highlighted weaknesses in overall coordination. UN 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 CAR, and in particular of its UN leadership, which they considered too slow, bureaucratic and political. They also objected to the 'unacceptable' rapid turnover of UN coordination staff; OCHA's 'excessive' capacity without tangible added value; and disproportionate investment in coordination (except at operational, cluster, level where it was sorely lacking), compared to operational gaps and what many consider the most important work of 'getting your hands dirty—in the field.' With rare exceptions, such as Kouango, UN coordination was perceived as Bangui-centered. INGOs spoke highly of the CCO [NGO coordination platform], which they report was created in March 2014 to compensate for perceived UN coordination gaps. Global stakeholders also doubted the coordination, expressing many more negative views than positive.

### Coordination structures

174. Operational actors took steps to establish coordination mechanisms. SRP 2014 planned a key role for a coordination cluster (to strengthen coordination mechanisms, advocacy, and security management). HRP 2015 describes coordination mechanisms—HC/HCT, ICC, clusters, and coordination functions—sub-regional 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.
175. 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 agency representatives and cluster coordinators. Its decisions were not clear. Agencies trumped collective interests, and it was poor at prioritizing. The OPR recommended a review of HCT functioning, to reinforce information flows and links with the UNCT. By mid-2015, there is little

<sup>54</sup> 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)

evidence of improved functionality. UN actors observed division and animosity between INGOs and UN, and too much 'non-practical' discussion. INGOs suggested some improvements. Others called the HCT chaotic, and pointed to its failures to act strategically in Yaloke.

176. The ICC did not function well either. UN actors highlighted weaknesses in inter-cluster coordination (ICC), which did not support 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 this has happened.
177. UN and national actors felt cluster coordination was effective, but the clusters system was strongly criticized by INGOs. The OPR reported that clusters were strengthened and streamlined at L3, 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 UN 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.'
178. Global stakeholders and operational actors also highlighted weaknesses in information management, which refers to gathering and sharing data on needs, locations, and agencies. OCHA produces standard information products to support coordination, including the Who What Where (3W) database, contact lists and meeting schedules. While many INGOs considered information management as central to coordination, they felt it worked poorly in CAR, saying OCHA 'was not proactive about information capture, updating and dissemination.' At the same time, it is also important to highlight 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

179. 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 UN and national actors 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 3W 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 3W form and called on agencies 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.
180. 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 UN 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.
181. Operational actors also observed 'geographic' assistance gaps at the sub-national level, as well as some sectoral gaps due to inadequate funding or weak strategy. INGOs made their strongest criticism over geographical gaps outside of Bangui, but UN 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/NFI assistance for some populations. Sub-national gaps were highlighted in the SRP 2014 and the OPR. In some cases, national leaders reported that the presence of a sub-national coordination body (OCHA in Kouango, IOM in Boda) enabled well-coordinated assistance delivery and prevented duplication or gaps.

### Strategic coordination

182. Many stakeholders highlighted gaps in 'strategic' coordination. INGOs felt the response was 'micro-oriented from the start'; stuck in a 'myopic' emergency mode; and lacked attention to towards broad development solutions, regional coordination, and a comprehensive vision for IDP and refugee return. Global stakeholders also perceived no coordinated long-term macro-vision. UN 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 (NRC).

183. Bangui-based UN-led coordination activities absorbed considerable capacity, and its value was strongly challenged by INGOs and global stakeholders. Basic operational coordination or 'collaboration' worked well enough, but key coordination mechanisms worked poorly despite generous funding, and strategic coordination remained a significant gap. Coordination was an important factor for effectiveness (see Factors) and left considerable room for improvement.

## FACTORS

184. The most important factors of effectiveness in CAR were the L3 mechanism, international peacekeepers, overall coordination, and operational programmes. Coordination was often qualified and contrasted with 'real' operational work by individual agencies. 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

185. The L3 capacity surge mechanism was the most widely cited factor of effectiveness in CAR's humanitarian response. UN actors highlighted the L3's importance in increasing capacities and funding for the response, as well as commitment and support from UN 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 ERC and OCHA to trigger the L3 declaration.
186. International peacekeepers were another much-cited factor. UN and INGO actors emphasized the important role of military forces, including the belated deployment of MINUSCA in October 2014. UN 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.
187. 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, UN 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 UN 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 mean) than any element of coordination, perhaps suggesting the principle was more important than its practical applications.
188. Operations and activities of key agencies were also cited as important factors, often in contrast to coordination. Global stakeholders highlighted the willingness of some agencies to take risks. UN actors stressed the largest UN and INGO operational agencies and their implementation of mandates. National actors pointed to the involvement of national actors that knew the country.

### Notable barriers

189. 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.
190. Internal barriers to effectiveness were highlighted by others, including barriers to be addressed by strategic risk management. Global stakeholders cited a lack of UN strategy ('short-term thinking'), of timely analysis and needs assessment, of security risk management by UNDSS, and of coordination with diplomatic actors. UN actors pointed to the lack of a galvanizing global narrative, of a regional humanitarian approach (enhancing communication and coordination with neighboring countries), and of civil society involvement. INGO actors observed multiple human resource problems, including poor leadership, low experience, and high turnover of

UN staff. Affected people referred primarily to operational barriers to effectiveness, aid agency weaknesses, and poor deliveries by aid workers, including partiality and diversions.

191. Stakeholders recognized the importance of some elements of the coordinated Humanitarian Programming 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 CAR, and considered monitoring and evaluation the least important, with only 37/69 unsure and 13/69. In general, UN actors considered HPC elements more important to success than did INGOs, who highlighted operational factors, such as safe access, accountability to affected population, and national and local ownership.
192. 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<sup>55</sup> and the counter-assertion that operations are the most important element, and generally supports IASC's proposition that leadership, coordination, and accountability are key factors.<sup>56</sup> Leadership was considered essential to coordination, and the importance of the HPC<sup>57</sup> could have been greater with better M+E, strategic planning and preparedness.

## Section 4: IASC principles and guidance

*IAHE Guidelines Question 4:*

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

### L3 MECHANISM

193. Despite misunderstandings about its purpose, the application of the L3 mechanism was highly effective in CAR, 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 fundraising tool. The voice of the affected population was absent from discussion of the L3.
194. The L3 was declared at an acute phase of CAR's 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 (SRP 2014). The L3 was extended three times until May 2015. Some global stakeholders trace its origins to the high-level country visits of IASC emergency directors in October 2013, which they believe pressed the UN and CAR government to find solutions and step up to the challenge. MSF believes its letter to the ERC of 12 December 2013 was instrumental not in triggering, but in calibrating the L3.
195. 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 IARRM brought a rapid surge of senior experienced humanitarians, providing many new people to manage the response (OPR). UN international staff increased sevenfold within three months (49 to 385). Operational actors greatly appreciated the L3 (OPR), noting its positive role in increasing attention, funding, and capacity to deal with the crisis (Scoping). UN actors believe it significantly increased human resources, expertise, and coverage. INGOs feel it was well applied, as 'people and money came to CAR 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 CAR.
196. The L3 activated enhanced IASC processes for CAR, enabling the body to identify and address capacity gaps. In CAR, it 'triggered' the deployment of a Senior Humanitarian Coordinator (SHC), the launch of a MIRA (SRP) and joint needs assessments in most affected areas (Dec 2013). At headquarters, it led the IASC/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

<sup>55</sup> 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)

<sup>56</sup> In December 2011, IASC Principals agreed to a Transformative Agenda, founded on three pillars: leadership, coordination, and accountability.

<sup>57</sup> 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.



- too much reliance on surge staff); and cited improved delivery outside Bangui since mid-2014 due to strengthened IARRM and UN staff presence in 37 locations.
197. 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 (OPR), that UN agencies suffered high turnover (Scoping), and that planning and recruitment for transition was lacking (OPR). Global stakeholders highlighted the inadequacy of human resources, noting that the CAR 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.
198. The L3 perpetuated itself instead of preparing for transition. The mechanism was extended three times from December 2013 until June 2015, based on majority vote in HCT and EDG. The aim of the extensions was to reinforce the response capacity and advocate for scale of needs (HRP 2015). 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 HR deployments 'replacing' the state. UN actors said that it was unclear when to end the L3, especially as agencies 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'.
199. The L3 was often misunderstood and used as a fundraising tool. UN 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 agencies. INGOs also observed that the L3 was misunderstood as an advocacy or fundraising 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 an (often successful) way to attract media attention.
200. 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 full-system response. These positive effects overshadowed the L3's 'misuse' by agencies as a fundraising 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 CAR's emergency, but poorly adapted to address the larger complex and protracted crisis that continued unabated.

## LEADERSHIP

201. The application of empowered leadership in CAR 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 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 undermined by that body's functioning.
202. In general terms, empowered leadership contributed to the response's effectiveness in CAR. Stakeholders tended to believe that 'empowered leadership'<sup>58</sup> made an important contribution to 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 UN and INGO respondents. National actors also expressed their appreciation of principled 'leadership' in the humanitarian response.
203. 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 (EDG 14), and to coordinating responses to Mpoko and Yaloke, advocacy for IDPs, and monitoring hotspots—all of which required a strong leader to uphold protection in the face of divergent government positions (EDG 15). Operational stakeholders note that the L3 significantly strengthened leadership by deploying an 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 sub-national level (OPR). UN actors highlight how the arrival

<sup>58</sup> 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.

of the SHC allowed agencies to go beyond 'reactive firefighting', to coordinate, organize, speak with one voice, and assert themselves in relation to the UN's development and peacebuilding operations.

204. 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. UN 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 IASC and ERC, UN actors believe structural weaknesses – in particular weaknesses in the HCT and ICC, and the change of the SHC five months after L3—undermined SHC leadership.
205. HCT leadership was 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 (EDG 14). 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 skill level to support the HCT and interagency response. Operational actors also reported that few representatives and cluster coordinators attended HCT meetings and emphasized the body's weak un-strategic functioning (see above), with some suggesting the leadership led to cumbersome processes and poor NGO coordination. By 2015, IASC reports that most HCT members had appointed representatives with experience in emergency response (EDG 15), and some INGOs saw improvements. But some UN 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.
206. Leadership had a mixed impact on effectiveness in CAR. 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 CAR's, it would be more appropriate to have a SHC for a sustained period instead of deployed quickly for a short time.

## HUMANITARIAN PROGRAMMING CYCLE

207. In general, application of the HPC was disappointing in CAR. 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.
208. The HPC process generated too little interest, participation and ownership. Operational actors felt the HPC was imposed by IASC/ED, that it was headquarters- or OCHA-driven, and that it served external audiences (OPR). 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, though they generally appreciated participating in the response process. Some global stakeholders also questioned the HPC's applicability in CAR.
209. The HPC was also considered heavy and duplicative. Operational actors felt the HPC was imposed onto an existing planning cycle by the IASC ED, without enough awareness or agreement on its timeline (OPR). UN 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 HQ-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 CAR 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 IASC guidelines were 'like a library (...) good to have as a reference, even if I never refer to them or use them.'
210. The HPC was poorly understood by coordinators in CAR. UN 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 not 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 (OPR).
211. 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 (HPC). 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.

## PREPAREDNESS

212. Preparedness was a major weakness in CAR, 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 RRM assures aspects of preparedness (pre-positioning and early warning for early action) during the humanitarian phase.
213. 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 leaders were least convinced. Global stakeholders felt warnings about rising tensions and the need for emergency actions were not heeded. INGOs reproached OCHA for a lack of pro-active preparedness prior to the crisis.
214. 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 prepositioning of food supplies. It found the last country-wide 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 CAR reported hearing about contingency plans prior to the crisis, but they saw no visible attempts to anticipate or avert an emergency. UN actors stressed that a contingency plan needs leadership, suggesting that this was lacking in HC/HCT.
215. Despite efforts at improvement, preparedness remained a challenge. UN actors reported that OCHA uses 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.
216. Preparedness was further complicated by structural gaps. Preparedness is not mentioned in needs assessments or strategic planning documents. UN actors reported that the initial crisis during the Seleka's military advance was so unpredictable that it overtook agency 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, HC/HCT, and/or OCHA—and review its place in the HPC.
217. The response did little to strengthen capacity building and early warning systems (TA), 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 (HPC). Preparedness before 2014 could have significantly increased effectiveness, and preparedness would strengthen any future response.

## NEEDS ASSESSMENT

218. Collective needs assessment and analysis was fairly successful in CAR, and stakeholders were most favourable about this aspect of the HPC. Both IASC assessment tools (HNO and MIRA) were applied, these allowed for analysis and prioritization, and the RRM allowed some timely assessments. Yet questions were raised about the quality of needs assessment, stakeholder involvement, and evolving needs (see Relevance). This analysis is limited by the small number of respondents involved in collective needs assessment.
219. Half of 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; but INGOs and national leaders were notably less convinced.
220. Needs assessment tools, including the HNO and the MIRA, were applied in CAR. 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 providing information on IDP sites.
221. Needs assessments informed strategy through priority setting. Based on needs assessment, SRP 2014 highlighted five key needs to address, and HNO 2015 identified three areas of need and prioritized them according to vulnerability/risk criteria. The MIRA disaggregated primary data by gender and used it to define the scope of interventions and to inform CHF decisions. More than an operational document, it was useful to actors as a strategic reference.

222. The UNICEF Rapid Response Mechanism (RRM) also allowed timely needs assessments where data were lacking (HRP 2015). INGOs appreciated the RRM for its needs assessment element, but voiced concerns about evolving needs that were difficult to capture (see Relevance).
223. 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 (HNO). Some UN 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 it was aggregated and compared, and of in-depth sector-wide needs assessments (OPR).
224. The needs assessment process did not widely involve stakeholders. National actors reported receiving training on needs assessment, but INGOs were not very engaged in interagency 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 or a relative strength because MIRA and 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) sectors, but 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.
225. Collective needs assessment was a relative strength for the HPC. The MIRA and the HNO provided a collective output (IAHE) to inform strategic prioritization (TA), but needs assessments were not always coordinated, rapid, repeated (TA), or inclusive of all stakeholders.

## STRATEGIC PLANNING

226. Strategic planning was highly inadequate in CAR, as highlighted 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. HRP 2015 appeared in December 2014 and addressing four problems: emergencies, POC, chronic crisis, and sustainable solutions.
227. Less than half of 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 UN and national actors.
228. The planning process was poorly managed and weighed down by IASC expectations. Strategic planning in CAR was complicated by IASC/ED requirements for the HPC, MIRA, and preliminary strategic plan as well as the 100-day strategic 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 SRP that had resulted in SRP1 (OPR). 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 (OPR). 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.
229. The planning process failed to establish shared objectives in 2014. UN actors used an inclusive process; national actors participated and received training, as did UN-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. 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).
230. 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.
231. The SRP offered no solutions to the emergency. Operational stakeholders noted the SRP missed the chance to envision durable solutions for CAR's 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. UN 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.

232. 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 fundraising 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 SRP 2014 given security and access problems. They were confused by its shift to activity-based costing. (OPR).
233. 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 agencies and clusters would achieve them, as required by the TA.

## ACCOUNTABILITY TO AFFECTED POPULATIONS

234. 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), feedback and complaints did not function well, no interagency 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.

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 organisation 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 marginalised 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 organisation on an ongoing basis and reporting on the results of the process

235. In general, AAP was poorly applied in CAR. SRP 2014 only mentions AAP in some cluster plans. In recognition of poor involvement and complaints, HRP 2015 'raised awareness of AAP' among partners in field locations and committed to increasing 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 interagency approach [to AAP]'. A study among the affected population found 'a serious perceived lack of accountability from aid agencies toward their beneficiaries,'<sup>59</sup> and suggested that this was because agencies invested in meeting needs at the expense of

<sup>59</sup> 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.

- 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.
236. AAP was notably absent at the strategic level. UN representatives had little to say on the subject, and showed little awareness of it at the HCT level. Some believe AAP was underway at the project level but not at the strategic level, where feedback on impact, effectiveness and performance would be useful. Some observed that the voices of people affected, especially outside Bangui, was absent from strategic decisions and suggested mechanisms to remedy this. Reasons cited for its 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 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.
237. 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 IASC to be more proactive at 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 CAR response, 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 (HPN).
238. The response struggled to make progress on all five AAP commitments. Leadership remained a challenge for AAP. An AAP action plan, required by 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 five IASC commitments and sought to feed into clusters, raising awareness, providing some training, and supporting CHF/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 code of conduct to address fraud and uphold humanitarian principles (NRC).
239. 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 communication with communities (CWC) projects or expert advisers was in place (OPR).<sup>60</sup> Members of the affected population also saw a need for better communication, and they generally sought more 'respect' for Central Africans at all levels (NRC). However, the provision of information was not seen as a priority in CAR, where agencies too often assumed they knew best and needed only to persuade affected populations -- for example, to convince people in Mpoke IDP site to return (HPN). 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.
240. 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 (HPN). For example, members of the affected population saw a need for more support to efforts at recovery (NRC).
241. The feedback and complaints mechanism also did not function well; in fact, no interagency complaints mechanism operated. Frustration grew in IDP sites with many humanitarian actors, but unclear or diluted responsibilities (HPN). Some agencies had their own dedicated complaints mechanisms, but they were underused, mistrusted, and inaccessible (NRC). Members of the affected population frequently requested direct access to agency decision-makers, as they didn't trust field staff. It is recommended that the HPC establish a common complaints mechanism, with secure referral for serious protection and child safeguarding matters (NRC).
242. 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 agencies had functioning M+E 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 UN agency, communities and beneficiaries were never mentioned as a source or stakeholder in the M&E

<sup>60</sup> CWC was useful for peacebuilding and countering misinformation, essential for monitoring the response, and defined as a priority need by MIRA.

process, despite frequent prompting' (HPN). Members of the affected population often linked M&E to quality of aid, which is generally seen as rather negative (NRC).

243. Less than half of stakeholders polled (28/69) believe that AAP made an important contribution to effectiveness. INGOs and national operators were more convinced of its importance than UN and national leaders.
244. 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 agency 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 UN and NGOs (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 UN as complicit in some of the corruption.
245. 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.

## Section 5: Other findings

### COVERAGE

246. Despite major efforts to scale up, coverage<sup>61</sup> remained unsatisfactory in CAR. 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.
247. By scaling up, the response increased coverage to achieve important outcomes (see Outcomes). 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 CAR in the global spotlight (EDG14, EDG15). 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, MIRA found a need for scaling up the response in all sectors. Based on needs assessed, SRP 2014 prioritized targeting of Bangui, the northwest, and the northeast, leaving flexibility to target other areas identified by HCT. HNO 2015 also identified the most affected geographies and groups. As a result, capacity was found to increase (OPR), and members of the affected population recognized increased coverage (NRC).
248. The scale of response targeting and funding remained insufficient to CAR's needs. All stakeholders recognized the insufficiency, with some estimating that only 30-50% 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 (HPN). A review of SRP and FTS data reveals significant coverage gaps in 2014. SRP data shows large gaps between those in need and those targeted, amounting to 700,000 people in total as well as 2.6m in need of health assistance, 1.7m in need of WASH, and 600,000 each in need of protection and early recovery. Reduced funding in 2015 also reveals gaps in coverage, with only 30% 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 & 4)
249. The response left some sectors poorly covered. UN 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 shows some sectors were significantly underfunded, including early recovery (6%), multisector/refugees (2.2%), CCCM (3.8%), shelter/NFI (23.3%), education (33.4%), protection (50.6%), WASH (52.1%), health (57%), and food security (58.9%). Early recovery suffered both under-targeting and underfunding, with 600,000 people in need but not targeted and only 6% of funding requirements covered. In 2015, the best funded sectors

<sup>61</sup> 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.'

are coordination (42.2%), education (38.1%), and logistics (37.2%), suggesting a donor preference for enabling, strengthening capacity, and coordination. Several sectors are severely underfunded, including shelter/NFI (3.9%), interventions/refugees (5.9%), nutrition (11.8%) – or even less than a quarter funded: CCCM (15.5%), WASH (17.4%), and protection (23.5%).

250. 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 to access barriers and insecurity. UN actors, INGO actors, 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 of IDP sites and enclaves remained unclear, but global stakeholders estimated it at 70%. When the response evolved into 2014 and 2015, UN partners provided school meals and seed protection programmes in affected communities (two of the largest programmes in CAR in terms of coverage). UN actors explain that targeting was complicated by a lack of data about people outside of IDP sites, including nomadic Peuhl people and Bayaka ('Forest people') communities. People in the bush could not be reached because of insecurity, but UN actors confess discomfort about including 430,000 such people in 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. UN actors also confessed that strategic difficulties and practical complexities prevented them from reaching people in host families.
251. The response's focus on Bangui and western areas was also challenged by some stakeholders. 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 northeast 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 very visible and 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 Bangui-focused, leaving large areas outside the capital with no assistance.
252. 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 (OPR). UN actors highlighted a lack physical access to remote rural areas, and insecurity in the northeast that led to the deaths of some humanitarians (see Snapshot).<sup>62</sup> MSF complained of the withdrawal of agencies who ignored scale of the 2013 crisis; the L3, they say, was 'too little too late' (HPN). National leaders highlighted insecurity, and also blame 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.
253. 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.

## SPECIFIC NEEDS

254. 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.
255. Specific needs were not addressed within populations assisted. Vulnerability analysis (HNO) shows that non-access to basic services is a key factor, so HRP 2015 aimed 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 (OPR, HPN). UN 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 UN representatives identified huge gaps in addressing the specific needs of young men, vulnerable boys, men, and

<sup>62</sup> According to one comment received, UN agencies 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.



older people as well. Reasons given for this gap was a lack of funding for SADD and 'analysis,' and the absence of specialized providers. National actors noted that wider protection was provided to women and children.

256. 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 agencies 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 agencies' programming.<sup>63</sup>
257. Members of the affected population widely recognized the existence of unmet needs and vulnerabilities. The case studies highlight groups of people with specific needs who were not systematically targeted: older people, people with disabilities, youth, and pregnant women. The testimony from Philomene below paints a vivid picture.

*I was shot by a Seleka 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. (Philomene, 26, Site Sangaris, Bambari)*

258. 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 (IASC), 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.

## SECURE ACCESS

259. 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 agencies that relied on their own security protocols enjoyed best access.
260. 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 UN actors. Most INGOs agreed the weakest part of the response was 'humanitarian access outside Bangui'.
261. Insecurity restricted access most significantly during 2014. Operational actors reported access was blocked by insecurity and impassable roads in rainy season, with 43 agencies (i.e., 1000+ staff) blocked in Bangui due to an increase in security incidents (OPR, HNO 2014). 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 (Access snapshot). HNO 2015 reports that insecurity continued to limit access country-wide, with 16% of attacks targeted at humanitarians, who faced direct confrontations in some prefectures. UN actors said that security and access remained major obstacles during 2014, although the arrival of MINUSCA late in the year made a big difference.
262. 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 (NRC). Members of the affected population in camps, enclaves, and host communities often cited misuse of supplies by national/local government and poor targeting mechanisms.

<sup>63</sup> HRW 2015, 'Central African Republic: People With Disabilities Left Behind,' April 28, 2015

263. Humanitarians made efforts to secure access by seeking acceptance as 'independent' from international forces. HRP 2015 proposes five strategies for securing access to people in need: constantly recall principles to all; strengthen communication and participation of AP; 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-Seleka and anti-Balaka, even amid internal divisions and lack of command (Access snapshot). To strengthen the appearance of humanitarian independence, an Oxfam adviser called for a UN mission structure that separates humanitarian from political and military leadership (HPN).
264. Nonetheless, the response also relied on access secured by international forces, thus tying their work to political and military forces. UN actors reported that the arrival of MINUSCA made a big difference as security is ultimately ensured by them, but that only 20% of deliveries require 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 humanitarians operate, but they engage with armed groups, which affects the perception of humanitarians and increases the risks of humanitarian action (EDG15).
265. The affected population consulted raised questions about the importance of 'independence'. Most case study respondent reported the beneficial presence of MINUSCA, and a larger study found parts of the population didn't 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 agencies' 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.
266. 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.'
267. 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.' UN actors agreed UNDSS did not enable humanitarians, but they highlighted recent improvements including the appointment of a chief security adviser.
268. In 2014, IASC took measures to strengthen security risk management by using programme criticality results and more detailed security analysis to inform humanitarian decision-making (EDG14). However, no significant change was reported by early 2015 (EDG15). Some global stakeholders identify a 'vicious circle,' whereby agencies 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.
269. Agencies with the best access relied on their own security protocols. In early 2014, the OPR found that MSF and ICRC 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 agencies, and MINUSCA.
270. 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.' Agencies that negotiated access outside of UNDSS often enjoyed the best access.

## CONFLICT SENSITIVITY

271. 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.
272. The response made multiple efforts to reduce conflict. The SRP14 includes social cohesion, conflict prevention and reduction activities in its early recovery cluster, and HRP2015 reports incorporate a social cohesion programme, innovative community-level humanitarian mediation, and deliberate conflict reduction approaches (HRP2015). The IASC/ED also applied a special measure to accelerate reconciliation and peacebuilding (EDG14), and reported doing considerable 'advocacy' in this regard. Nonetheless, peacebuilding ultimately depended on the government and MINUSCA (EDG15). UN 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.
273. The response took innovative steps to reduce conflict through local-level 'humanitarian mediation'. Humanitarian mediation led to reduced conflict, increased access, and POC (HRP15), 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 (Cafod/HPN).'
274. 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 Seleka and Anti-Balaka forces. National leaders believed the response helped to avert further tension. However, the balance remained difficult to maintain, and some suspect that the response now risks being seen as prioritizing Muslims.
275. Some stakeholders highlighted continued conflict risks and argue 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 (NRC). Some UN 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 were resolved and tensions would return.
276. 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 HPC.

## Conclusions

277. The interagency response made largescale progress toward providing basic services, reinforcing protection, and delivering assistance to around two million Central Africans in need. It made a strong contribution to the protection of civilians, and contributed greatly to 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 agencies, minimal infrastructure, widespread insecurity, and international neglect.
278. The humanitarian response contributed to preventing higher mortality, while the wider humanitarian, military and political response greatly relieved the crisis in CAR. All stakeholder groups agree that the response saved lives through provision of food assistance, health, WASH, and protection services. UN 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, UN actors 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.
279. All the same the response fell short of 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 health, nutrition and food security sector), 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**

280. The collective response made a large positive impact on the crisis, beyond the direct delivery of 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**

281. 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, highlighting 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**

282. The response focused only the immediate term without a strategic vision for solutions, resilience, early recovery, or national response capacity, with the exception of 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 CAR is aiming at addressing the gaps identified through a multidimensional approach. To improve Early Recovery in particular, UNDP CO in CAR is supporting GoC 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 social reintegration of displaced persons and stabilization of human security.

#### **Conclusion 4: The performance management framework was inadequate**

283. 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 MSF's demand 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 to 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**

284. 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 Guinea Equatorial and Congo Brazzaville) in addition to the international community support, allowed the functioning of CAR governmental institutions and the National Army "FACA"). The L3 application was a main factor of success with a large positive impact on mobilizing resources for a scaled-up response to the immediate crisis, and all-of-system IASC special measures that drove the response forward. But the L3 brought human resourcing challenges, perpetuated itself instead of preparing transition, was misunderstood and 'misused' as a fundraising tool. Indeed the L3 mechanism was not adapted to addressing CAR's chronic emergency; it mobilized short term resources to make a large and fast difference, but did not support a holistic response to CAR's humanitarian needs. A more concerted regional strategy (with actors in neighboring countries) was likewise not employed to enhance the response.

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

285. 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 HCT leadership far less successful and the 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 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) and information management that supported strategic management.

#### Conclusion 7: The HPC failed to increase effectiveness

286. 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

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

288. 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.

## Recommendations

289. These recommendations are prepared for the HC/HCT and IASC Working Group (WG). They offer strategic advice for the collective response beyond the responsibilities of any specific agency 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
<p><b>1. Improving interagency strategy and performance</b></p> <p>a) The HC/HCT should develop an interagency strategy aimed at improving performance and focused clearly on assistance, protection, basic services and resilience. To that end, it should consider:</p> <p>iv. Strengthening assistance through improved quality, integrity and distribution, and consultation with intended beneficiaries.</p> <p>v. 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,</p>	HC/HCT	Immediately, as contribution to HRP 2016	<p>Conclusions 1,2,3,4.</p> <p>Findings: Results, Protection, Community resilience, Outcomes, Strategic planning,</p>

<p>vi. 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 actions 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.</p> <p>Developing a risk management approach holistically covering all strategic risks, including insecurity, impassable roads, and declining financial and HR capacity after the L3.</p>			Preparedness
<p>b) The IASC should develop the IAHE impact pathway model with lessons from CAR 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:</p> <p>iv. 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.</p> <p>v. Learning lessons about the protection of civilians in CAR 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 (UNHCR June 2015)</p> <p>vi. 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.</p> <p>Providing guidance on how to measure and report the number of lives saved and risks avoided in complex emergencies.</p>	IASC (WG)	Ongoing, and at the next review of IAHE Guidelines	Conclusions 1,2,3,4  Findings: Results, Protection, Community resilience, Outcomes, Strategic planning
<p><b>2. Mobilizing capacity</b></p> <p>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:</p> <p>iii. 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</p> <p>iv. Collaborating with development actors to meet resilience and recovery needs, and peacebuilding actors to meet protection needs at scale.</p> <p>Collaborating with and supporting national and local capacities to meet needs at scale through the provision of rehabilitated basic services wherever possible</p>	HC/HCT	Immediately, ongoing during HRP 2016	Conclusion 5  Findings on L3 mechanism, factors, capacities, coverage
<p>The IASC should maintain an adequate response in CAR after the L3, and seek to adapt the L3 mechanism for chronic emergencies. To that end, it should consider:</p> <p>iv. Maintaining a fit-for-purpose response in CAR while transitioning out of reliance on L3 surge, ensuring adequate prioritization, attention and funding based on needs, and engaging with development and political actors and donors to this end.</p> <p>v. Adapting the L3 mechanism to chronic or protracted emergencies, beyond the requirements of meeting acute timely needs.</p> <p>vi. Clarifying the purpose, time limit and deactivation of L3 mechanism in a chronic crisis</p> <p>Requiring timely transition to another mechanism capable of meeting chronic needs in a complex protracted crisis—such as a comprehensive stabilization plan.</p>	IASC (WG)	Immediately, ongoing during HRP 2016	Conclusion 5  Findings on L3 mechanism, factors, capacities, coverage

## Important recommendations

Recommendation	Responsibility	Timeliness	Links in Report
<p><b>3. Enabling leadership</b></p> <p>The HC/HCT should enable strategic leadership by ensuring a dedicated leadership role, well-functioning coordination structures, and structured communications with stakeholder. To that end, it should consider:</p> <ul style="list-style-type: none"> <li>iii. Maintaining an SHC or a dedicated HC role with strategic vision and the ability to work with political, development and military/peacebuilding actors</li> <li>iv. Ensuring well-functioning HCT, ICC and information management functions, including by ensuring implementation of related OPR recommendations, and involving representatives of the affected population in coordination architecture. For that purpose, ensure an inclusive partnership with local actors through an effective/efficient collaboration with national NGOs, Civil Society Organisations, 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 to the coordination mechanism.</li> </ul> <p>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</p>	HC/HCT	Immediately, during HRP 2016	Conclusion 6 Findings on Coordination, Leadership
<p>The IASC should learn lessons about 'strategic' leadership in a chronic emergency. To that end, it should consider:</p> <ul style="list-style-type: none"> <li>iv. Recognizing the importance of 'strategic' leadership in chronic emergencies like CAR's</li> <li>v. 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</li> <li>vi. Examining why mechanisms worked poorly in CAR despite relatively generous funding</li> </ul> <p>Articulating clear added value of UN-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.</p>	IASC (WG)	Immediately, as a function of knowledge management	Conclusion 6 Findings on Coordination, Leadership
<p><b>4. Strengthening process</b></p> <p>The HC/HCT should address key process weaknesses needed to strengthen effectiveness. It should concentrate on needs assessment targeting specific vulnerabilities and groups of beneficiaries, strategic planning and monitoring, and defining an effective approach to preparedness with development actors. To that end, it should consider:</p> <ul style="list-style-type: none"> <li>iii. Strengthening the three interrelated HPC elements where greatest improvements could be made to strengthen coordination and effectiveness: needs assessments, strategic planning, and monitoring</li> <li>iv. Defining an effective approach to preparedness with development actors, including regularly updating contingency and preparedness plans for the country, following IASC guidance (OPR)</li> </ul> <p>Facilitating collective involvement in the HPC by ensuring an efficient process with an appropriate work calendar</p>	HC/HCT	Immediately, during HRP 2016	Conclusion 7 Findings on Humanitarian Programming Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness
<p>The IASC should review the utility (usability) of the HPC model, provide training for its application, and strengthen the monitoring, evaluation and learning (MEL) element. To that end, it should consider:</p> <ul style="list-style-type: none"> <li>iv. Ensuring the utility (usability) of 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 tool kit (not an accountability framework)</li> <li>v. Provide training in use and application of HPC for coordination leaders in HC/HCT, OCHA and largest operational actors</li> <li>vi. Review 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.</li> </ul>	IASC (WG)	Immediately, as a function of knowledge management	Conclusion 7 Findings on Humanitarian Programming Cycle, Needs assessment, Strategic planning, Monitoring and evaluation, and Preparedness

Revise the monitoring element so as to strengthen monitoring, evaluation and learning (MEL) 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.

### 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:

- iii. Identifying and monitoring unmet and untargeted needs, including difficult-to-reach populations, and developing advocacy where needs cannot be met
- iv. 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

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 HRP 2016

Conclusions 8 and 9.

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:

- iv. 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.
- v. AAP commitments, implementation at the strategic level, and possible integration into HPC package.
- vi. National development links and engagement of local and national capacity where 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 HPC

Conclusions 8 and 9.

Findings on Coverage, Specific needs, Accountability to affected populations, Involvement, Capacities, National development



# Annexes

## ANNEX 1: 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
<i>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?</i>		
<p><b>Appropriateness: 3/10</b> Too little done to consider priorities of populations affected (IAHE), consult them in prioritization process (IAHE), or deliver assistance in an appropriate manner (ALNAP).</p>	<ul style="list-style-type: none"> <li>Positive: protection of civilians appropriate to people's primary concern for security</li> <li>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</li> </ul>	Importance: high to accountability, AAP
<p><b>Relevance: 6/10</b> Strategic objectives well-aligned with comprehensive needs assessments, but these were of questionable quality and irregular. Strategic objectives not based on needs assessments that are of high quality, comprehensive, differentiated, and dynamic, and include protection needs (TA, IASC, HPC, IAHE).</p>	<ul style="list-style-type: none"> <li>Positive: SRP objectives highly relevant to comprehensive needs aggregated in HNO</li> <li>Negative: HNO dependent on the mixed quality, irregular needs assessments.</li> </ul>	Importance: high to accountability, principle of impartiality
<p><b>Monitoring and evaluation: 2/10</b> 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.</p>	<ul style="list-style-type: none"> <li>Positives: OPR conducted and led to course corrections.</li> <li>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.</li> </ul>	Importance: critical to strategic leadership, accountability to stakeholders, and learning opportunities for course correction.
<p><b>Results: 5/10</b> Achievements were modest and partial compared to targets and expectations, with important gaps in livelihoods, resilience and recovery.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Importance: usually central to effectiveness, but less important here because objectives were poorly conceived, targets inadequate, and value added indirectly.
<p><b>Protection: 7/10</b> 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.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Negatives: inadequate contribution to upholding human rights, especially the right of return for IDPs, a comprehensive strategy was lacking to address CAR's manifold complex protection challenges, protection strategy was delegated to the protection cluster, and protection programmes focused on specific groups.</li> </ul>	Importance: high to relevance, accountability to affected population
<p><b>Community resilience: 2/10</b> The HC/HCT and IASC did too little to promote resilience (TA), help to build it (HPC) or strengthen livelihoods for this</p>	<ul style="list-style-type: none"> <li>Positives: MIRA recognized largescale need for resilience and livelihood support</li> <li>Negatives: HNO 2014 made no mention of resilience, strategic planning on resilience was</li> </ul>	Importance: Essential to accountability/national development, especially in the absence of state-led

purpose (IAHE).	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.	development, and an increasing challenge as L3 capacity diminishes.
<b>Outcomes: 9/10</b> Highly satisfactory outcomes in relation to SRP 2014 goal, and humanitarian goals: saving lives, reducing suffering, upholding dignity	<ul style="list-style-type: none"> <li>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</li> <li>Negatives: missed the opportunity of greatly increased resources to address CAR's protracted crisis, and negative effects reported: aid dependency, inflation, employment boom, short-term planning</li> </ul>	Importance: very high to SRP impact i.e. reducing suffering
<i>IAHE Core Question 2: To what extent have national and local stakeholders been involved and their capacities strengthened through the response?</i>		
<b>Involvement: 5/10</b> 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	<ul style="list-style-type: none"> <li>Positives: response largely bypassed incapacitated government in 2014, and made increasing efforts to engage it in 2015, despite concerns about integrity.</li> <li>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.</li> </ul>	Importance: high for accountability, national development, and post L3 capacity drain
<b>Capacities: 4/10</b> Lacked a strategy for improving national emergency response capacity and too little effort to strengthen capacity to respond to the next crisis (IAHE).	<ul style="list-style-type: none"> <li>Positives: humanitarians tried to strengthen some national and local capacities</li> <li>Negatives: lacked a systematic approach, and did too little to build national emergency response capacity.</li> </ul>	Importance: high for accountability, national development, and post L3 capacity drain
<b>National development: 3/10</b> The response did too little to start early recovery, provide a path to durable solutions (an exit strategy), and connect with long-term development.	<ul style="list-style-type: none"> <li>Positives: recovery highlighted at a strategic level in HRP 2015</li> <li>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.</li> </ul>	Importance: Highly important to accountability/national development, and critical to chronic crisis
<i>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?</i>		
<b>Coordination: 4/10</b> 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.	<ul style="list-style-type: none"> <li>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 sub-national level.</li> <li>Negatives: UN-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</li> </ul>	Importance: an integral factor for effectiveness along with the L3 mechanism, operational programmes, and international peacekeepers.
<b>Factors</b>	<ul style="list-style-type: none"> <li>Key factors of effectiveness: L3 mechanism, international peacekeepers, coordination, and operational programmes.</li> <li>External barriers to effectiveness: funding gaps, insecurity, state collapse, lack of infrastructure</li> <li>Internal barriers to effectiveness: lack of strategy and analysis, poor security risk management, lack of a galvanizing narrative, human resource gaps, and poor distributions,</li> <li>Process elements that contributed most: needs</li> </ul>	

	<p>assessment, avoiding gaps and duplication, empowered leadership.</p> <ul style="list-style-type: none"> <li>• Process elements that could have contributed more: preparedness, strategic planning and monitoring and evaluation.</li> </ul>	
<b>IAHE Core Question 4: To what extent were IASC core humanitarian programming principles and guidance applied?</b>		
<p><b>L3 mechanism: 8/10</b> 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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Negatives: misunderstandings about its purpose, brought human resourcing challenges, perpetuated itself instead of preparing transition, and 'misused' as a fundraising tool.</li> </ul>	Importance: Critical to effectiveness i.e. in addressing immediate needs, but not to addressing chronic or complex emergency
<p><b>Leadership: 5/10</b> 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.</p>	<ul style="list-style-type: none"> <li>• Positives: application of empowered leadership mainly successful at the HC level, contributed to effectiveness, appointment of a SHC contributed significantly, and initial SHC deployment critical to making improvements.</li> <li>• Negatives: SHC later undermined by structural weaknesses, HCT leadership far less successful, remained inadequate, and undermined by HCT's poor functioning.</li> </ul>	Importance: Highly important to coordination, and therefore effectiveness
<p><b>Humanitarian Programming Cycle: 4/10</b> 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).</p>	<ul style="list-style-type: none"> <li>• Negatives: overall application disappointing, generated little interest among operational actors, seen as inefficient burden, and poorly understood by coordinators and surge staff.</li> </ul>	Importance: Important opportunity to improve coordination, and effectiveness
<p><b>Preparedness: 2/10</b> 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</p>	<ul style="list-style-type: none"> <li>• Negatives: inadequate, doubts and uncertainties, weak contingency planning, and ongoing challenges.</li> </ul>	Importance: high, coordination/effectiveness
<p><b>Needs assessment: 6/10</b> A relative strength because MIRA and 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).</p>	<ul style="list-style-type: none"> <li>• Positives: Collective needs assessment and analysis fairly successful, most appreciated aspect of HPC, both IASC assessment tools (HNO and MIRA) applied, allowed for analysis and prioritization, and RRM allowed some timely assessments.</li> <li>• Weaknesses: Questions raised about quality of needs assessment, stakeholder involvement, and evolving needs.</li> </ul>	Importance: high, coordination/effectiveness
<p><b>Strategic planning: 2/10</b> Highly inadequate because rushed, externally imposed, burdensome, without leading to jointly-owned objectives or shared strategy (TA).</p>	<ul style="list-style-type: none"> <li>• Positives: SRP process helped resource mobilization.</li> <li>• Negatives: weaknesses widely perceived, poorly managed, weighed down by IASC expectations, resulted in unknown objectives, generated confusion, and missed the opportunity to offer solutions.</li> </ul>	Importance: very high, coordination/effectiveness
<p><b>Accountability to Affected Population: 2/10</b> The response failed to systematically provide AAP, falling short on all aspects: leadership, transparency, participation, feedback and complaints, and monitoring and evaluation.</p>	<ul style="list-style-type: none"> <li>• Positives: IASC pressure, and thematic adviser deployed.</li> <li>• 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.</li> </ul>	Importance: Very high, key accountability (ethical, acceptance), also effectiveness/quality. Reduced potential for frustration, fraud and violence.
<b>IAHE Core Question 5: Other important findings</b>		
<p><b>Coverage: 5/10</b></p>	<ul style="list-style-type: none"> <li>• Positives: increased coverage to reach many</li> </ul>	Importance: Critical to impact, accountability/humanity,

<p>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.</p>	<p>people in need,</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p>impartiality</p>
<p><b>Specific needs: 3/10</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>Positives: Assistance targeted at predefined vulnerable groups, especially refugees, IDPs and children (IASC).</li> <li>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.</li> </ul>	<p>Importance: High to protection/effectiveness, impartiality</p>
<p><b>Secure access: 4/10</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>Positives: signs of improvement in 2015 as MINUSCA deployed and UN security management strengthened.</li> <li>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.</li> </ul>	<p>Importance: High to accountability/humanity, effectiveness of operational programmes. But not the only barrier to effectiveness, sometimes overstated or presented as insurmountable</p>
<p><b>Conflict sensitivity: 8/10</b></p> <p>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 HPC.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Negatives: Response-linked conflict risks remained, some saw the need for more efforts in this area.</li> </ul>	<p>Importance: Highly important to accountability/impartiality, acceptance by communities, and conflict reduction.</p>

## ANNEX 2: EVALUATION METHODOLOGY

1. 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**
2. 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 interagency response) in order to provide collective accountability to (incl. a basis for dialogue among) all stakeholders, in particular affected population and global stakeholders (incl. 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 IASC and practice recommendations to the HCT, in order to inform preparation of HRP 2016 and enable key improvements.
3. 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 on-going 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).
4. 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**
5. A challenge for this evaluation was establishing a suitable evaluation framework. Reflecting on the interagency response (see context section) and assumptions underlying it, three main questions arise: (i) What did the interagency response achieve in relation to saving lives and reducing suffering? (ii) How well applied were interagency coordination mechanisms, and how much did they contribute to achievements? (iii) How responsible and accountable was the interagency response, in relation to the population affected, local and national stakeholders?
6. 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 CAR (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
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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

7. 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 interagency 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	<ul style="list-style-type: none"> <li>• Strategic objectives</li> <li>• Protection</li> </ul>
	1.2 Outcomes	
	1.3 Factors	
2. Coordination	2.1 Programming principles	<ul style="list-style-type: none"> <li>• Coordination (L3, Mechanisms, Gaps)</li> <li>• Leadership</li> <li>• Accountability</li> </ul>
	2.2 Guidance	<ul style="list-style-type: none"> <li>• HPC</li> <li>• Preparedness</li> <li>• Needs assessment</li> <li>• Planning</li> </ul>
	2.3 Monitoring	<ul style="list-style-type: none"> <li>• Systems (systems, tools, evaluation)</li> </ul>
3. Accountability	3.1 Humanitarian principles	<ul style="list-style-type: none"> <li>• Humanity (coverage, secure access)</li> <li>• Impartiality (relevant to needs, specific needs)</li> <li>• Neutrality</li> <li>• Independence</li> </ul>
	3.2 Affected population	<ul style="list-style-type: none"> <li>• AAP</li> <li>• Appropriate to priorities</li> </ul>
	3.3 National development	<ul style="list-style-type: none"> <li>• National and local authorities</li> <li>• Recovery and development</li> <li>• Resilience</li> <li>• Conflict sensitivity</li> </ul>

8. 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 interagency response's accountabilities. Looking forward, we recommend that IASC/IAHE consider deriving a finite number of core evaluation questions (7-9 maximum) from an explicit logic model and theory of change.

9. 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 interagency 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 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 CAR's as well as sudden onset natural disasters, to be used for guiding strategy, learning and accountability.
10. The evaluation would have benefitted 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 CAR 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 MEL framework and system to guide evaluation; strengthen strategy, performance monitoring, and collective learning; and provide strategic focus for the interagency information management function. For this reason, we recommend the IASC/IAHE consider developing a strategic MEL framework and system within the HPC as an essential means to strengthen strategy, monitoring, evaluation, and learning.

#### Stakeholder consultation

11. 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<sup>1</sup> (not including 8 IAHE users).
12. To define the universe/totality of actors involved in the interagency response, we conducted a mapping exercise and analysed the different 'stake' of each actor in the interagency 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.

**Table 12: Key stakeholders in CAR's interagency response**

	Who are they?	What stake/s in response?
Global stakeholders (GS)	<ul style="list-style-type: none"> <li>• IASC membership,</li> <li>• major donors,</li> <li>• peace and security actors,</li> <li>• human rights actors,</li> <li>• development actors, and</li> <li>• regional and transnational</li> </ul>	<ul style="list-style-type: none"> <li>• International responsibility,</li> <li>• shared governance,</li> <li>• financial and political, investment,</li> <li>• strategy and</li> </ul>

<sup>1</sup> This number reflects 'stakeholders' consulted, not individuals consulted or where more than one individual represented the stakeholder

	bodies.	knowledge management.
Operational stakeholders (OS)	<ul style="list-style-type: none"> <li>HCT membership</li> <li>UN agencies</li> <li>INGOs</li> <li>NNGOs</li> <li>Red Cross and MSF*</li> <li>State actors</li> <li>Operational donors</li> </ul>	<ul style="list-style-type: none"> <li>Participants in SRP</li> <li>Programme implementation</li> <li>Response coordination</li> <li>Quality and accountability</li> <li>Advocacy and partnership</li> </ul>
Affected population (AP)	<ul style="list-style-type: none"> <li>Population/s affected by emergency</li> <li>Beneficiaries in SRP</li> <li>Representatives, government and civil society</li> </ul>	<ul style="list-style-type: none"> <li>Intended benefits (reduced mortality/morbidity, dignity, protection, resilience)</li> <li>Unintended consequences</li> </ul>

\*Non-participants in SRP/HSP

13. To ensure 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,<sup>2</sup> and make no claim to randomized or probability sampling.

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

Stakeholder group	Entire population	Selection criteria	Stratification	Inclusion strategy	Expected number to be consulted
<b>Global stakeholders</b>	Population mapped, with OCHA NY	Active involvement	by type (i.e. who are they);  by stake (i.e. what stake)	None, based on function only	<b>n = 15-20</b>
<b>Operational stakeholders</b>	Population mapped, with OCHA CAR  OCHA counts 105 actors in the cluster system. SRP 2014 reports 76 actors.  Additional non-SRP actors to consider: large faith-based actors, and stabilization actors	Size of response  Strategic level	by sector,  by geography	None, based on function only	<b>n = 45-60</b> [15-20x UN, 15-20x INGO, 15-20x national actors]
<b>Affected population</b>	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,  Christians and Muslims,  Geographic	Include the following:  women and men;  children and older people;  people with disabilities;	<b>3-5 x Cases*</b> 1 x community at risk, 1-2 x large IDP sites, 1-2 x mixed populations (IDPs, hosts, returnees)  <b>n = 5-7</b> in-depth interviews per case; as well as conversations; general observations; verbatim quotes and

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



				most vulnerable and most resilient	'vox-pop' insights
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14. 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 UN and INGO, as well as wider humanitarian stakeholders in the international response to CAR's crisis. Due to difficulties in recruiting such high level stakeholders, this is two fewer than expected and includes a 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 largest UN 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 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.

**Table 14: Stakeholders Consulted**

Group	Total	Stratification	Comments
Global stakeholders	Global stakeholders: 13	<ul style="list-style-type: none"> <li>• 5 IASC</li> <li>• 5 UN</li> <li>• 2 INGO</li> <li>• 2 human rights</li> <li>• 2 peace and security</li> <li>• 2 major donors</li> <li>• 1 IGO</li> </ul>	<ul style="list-style-type: none"> <li>• 2 less than target, difficulty in reaching high-level actors</li> <li>• adequate spread of views</li> </ul>
Operational stakeholders	Operational stakeholders: 51 <ul style="list-style-type: none"> <li>• UN/IGO actors: 20</li> <li>• INGO actors: 20</li> <li>• National actors: 11</li> </ul>	<ul style="list-style-type: none"> <li>• 2 HCs</li> <li>• 6 UN reps/3 AIs</li> <li>• 3 cluster coordinators</li> <li>• 4 OCHA</li> <li>• 17 INGO heads</li> <li>• 9 largest NNGOs</li> <li>• 2 government actors</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate samples of interagency response, including UN and INGOs, and few national actors, as in response</li> <li>• ICRC and MSF consulted, though not funded through SRP</li> <li>• Other flows of assistance not included, such as direct faith-based assistance, international Muslim assistance, and remittances</li> </ul>
Affected population	Affected population: 70 <ul style="list-style-type: none"> <li>• National leaders: 12</li> <li>• Bambari: 12</li> <li>• Batangafo: 11</li> <li>• Kouango: 11</li> <li>• Boda: 15</li> <li>• PK5: 9</li> </ul>	<ul style="list-style-type: none"> <li>• National and community levels</li> <li>• Political and civil society representatives</li> <li>• Three large IDP camps</li> <li>• Two enclaves (communities at risk)</li> <li>• Two mixed populations</li> </ul>	<ul style="list-style-type: none"> <li>• Contacted president and prime minister but advised not to proceed by HC/HCT</li> <li>• Logistics meant we could not cover Mpoko</li> <li>• Relatively strong coverage of Muslim populations</li> <li>• Cases of current strategic importance</li> </ul>

**Data collection**

15. The evaluation used a mixed methods approach to data collection. To collect and analyse data, we used the following methods: Document review (DR); Data analysis (DA); In-depth interviews (IDIs) with global stakeholders (GS), operational stakeholders (OS), and representatives of the affected population (AP); and case studies (CS) to consult affected populations and beneficiaries.

*Document review*

16. 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 matrix, 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*

17. We conducted semi-structured discussions using in-depth interviews (IDI) 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 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*

18. 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 (IDI) 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 5).

*Case studies*

19. 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, vulnerability; and prepared short five-page reports addressing key questions (see Annex/reports available).

*Data analysis*

20. In addition to analysis of questions in the polling exercise, we conducted analysis of data compiled on the interagency response. This included financial data, results and timeliness, data about human resources. We identified opportunities for data analysis during the document review and mission to CAR.
21. In order to make sense of performance monitoring data reported in OCHA's periodically published Humanitarian Dashboard documents, we consolidated 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%, between 33% and 66%, and more than 66%. This coded data was 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.
22. The financial analysis compared data from the SRP appeal<sup>3</sup> and FTS reporting of funding received.<sup>4</sup> This allowed a comparison between funds requested and funds received. However, the amounts requested in the

<sup>3</sup> 2014 Strategic Response Plan Central African Republic (OCHA on behalf of Humanitarian Country Team, Revised, 19 January 2014)

SRP did not always match the amounts in the FTS columns A and B (original requirements and revised requirements), complicating the analysis.

#### **Listening to people affected**

23. 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.
24. 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 UN leadership was not involving them adequately in the response and too slow to proceed with DRR, leading to real risks of renewed conflict; dutifully we reported these findings to the UN political leadership. We intended to interview the President of CAR, Catherine Samba Panza, and the Prime Minister, Mahamat Kamoun, as the formal representatives of the affected population, but were requested not to proceed 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 UN leadership.
25. 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 Mpoko; communities at risk or Muslim enclaves; Boda, PK5; and mixed communities: Bambari and Kouango. Due to logistical difficulties (team member stuck in Batangafo), we were unable to consult the community in Mpoko. 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'.
26. In each community, we collected 9-12 personal stories from key informants. Following an agreed protocol inspired by an 'anthropological' listening approach,<sup>5</sup> 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 5-page summary reports mainly composed of personal testimonies to address the key questions of results and connectedness.
27. 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 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, disabilities, other minorities.

<sup>4</sup> 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)

<sup>5</sup> See Anderson M.B, et al. '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>

28. 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).

#### **Analytical strategy**

29. 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 reach high quality findings, which are each supported by a transparent chain of evidence.
30. An analytical strategy was developed for addressing each question. Using an evaluation matrix at 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.
31. 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 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 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.
32. In the report, we state which criteria are used to assess evidence and reach findings for each question. In general, we relied on 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 Programming 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.
33. 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 CAR 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**

34. Once data is 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 IAHE Guidelines

**Table 15: UN 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, 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
Frederic Linardon, Coordinator of Food Security Cluster, FAO, 23 July 2015	UN/CC
Maurice Azonnankpo, Protection Cluster Coordinator, 21 August 2015	UN/CC
Francois 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 and Martin	Country Director, Protection Officer
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, Frederic and Volkert	Chef de mission
TearFund, Cyriac M.	Director
ACTED, Norik Soubrier and Eve Hackius	Director, Food Sec Officer
DRC, Conrad Philippe	Directeur Pays
CICR / ICRC, Jean-Francois 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 Monteche	Acting Director, Coord. Sec 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 Mr. Martin Ziguélé	Ex-Premier Ministre
Groupe Anti-Balaka Capt. Joachim Kokaté	Leader Branche Politique Anti-Balaka
Forces Armées Ex-SELEKA Gen.Mohamed Dhaffane	Ex-Ministre d'Etat Représentant Seleka, Coordonnateur E-M., Conseiller Politique
Eglise Catholique Mgr. Dieudonné NZAPALAINGA,	Archevêque de Bangui, Prés. Confédération Episcopale de Centrafrique
Communauté Musulmane Centrafricaine Iman 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 General REGICA
Fédération Nationale des Eleveurs Centrafricains, FNEC Mr. Ousman Shehou Mr. Ayouba Malloum	Secrétariat Général and Percepteur
Enclave Musulmane PK5 Mr Bala Dodo Attahirou	Maire, 3 <sup>ème</sup> Arrondissement PK5
Personnes Ressources Mr Al Hissene Algoni M.	Conseiller Mairie 3 <sup>ème</sup> Arrdt PK5
Communauté Musulmane Mr Amadou Roufai	Conseiller Mairie 3 <sup>ème</sup> Arrdt PK5
Secteur Privé Imam Ahmadou Tidjiani, Mr Hassabarassoul Moussa, Abdoul Salam	Iman Mosquée Centrale du PK5
Personnes Ressources Mr. Ousmane Guida,	Entrepreneur/Transporteur PK5

**Table 18: National Actors**

JUPEDEC, Lewis Alexis MBOLINANI	NNGO
ACDES	NNGO
VITALITE+	NNGO
AFPE(Association des Femmes opour la promotion de l'Entrepreunariat)	NNGO
AFDB(Association des Femmes pour le Developpement de M'Bres), Elvis Thomas GUENEKEAN	NNGO
REMOD (Rebatisseurs de la Muraille des Oeuvres de Dieu) Alexis GUERENGBENZI	NNGO
PARETO(Paix, Réconciliation et Tolérance)	NNGO
ACCM(Association pour la communaute Musulmane)	NNGO
GEDAP/Groupement pour le Developpement Agropastoral	NNGO
Ministere des Affaires Sociales et de l'Action Humanitaire	Government
Ministere de l'agriculture et elevage	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 Gabriele De Gaudenzi OCHA, Humanitarian Affairs Officer, OCHA NY, 26 August 2015	GS, OCHA/expert
InterAction: Patricia Mcllvery	GS, IASC/INGOs
MSF / Amsterdam	GS, INGOs

Karima Hammadi, Assistante Technique (lead) Marianna Franco, Assistante Technique ECHO Bangui, 6 August 2015, Bangui	GS, major donor
USAID & BPRM: Dan Sutherland, USAID/FFP, Nairobi, Lance Kinne, BPRM, Regional Refugee Coordinator, Ndjamen, Margaret McKelvey, Director of African Affairs, BPRM, Washington DC	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
Francoise Puig-Inza, Desk Officer for Humanitarian Affairs, UN Department, French Ministry of Foreign Affairs	GS, peace and security
Herve Lecoq, Team Leader, Great Lakes Integrated Operations Team, UN DPKO, New York	GS, Peace and security
Abdoulaye Kebe, Special Adviser to the OIC of Organisation of the Islamic Conference	GS, IGO
Ms Elizabeth Eyster, Senior Protection Officer, Geneva	GS, UNHCR

## ANNEX 3: SAMPLING STRATEGIES AND FRAMES

This report describes the sampling strategies employed for stakeholder groups in CAR: 1. United Nations, 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 15.

**Table 15: Sampling Frame**

Sampling Frame		
Stakeholder Group	# Targeted	Main Criteria
1. Operational UN Agencies	15-20	Largest operations, Strategic Actors (HCT)
2. Operational I-NGO Agencies	19	Mixed operations, Strategic Actors (HCT)
3. Operational National Authorities/NGOs	16	Mixed operations, Strategic Actors (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 Agencies

Given the lack of cross-sector monitoring, we consider 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, HCR, FAO, UNICEF), non-operational actors (MINUSCA, UNDSS).

Sampling strategy and frame

- Entire population: UN operational stakeholders in interagency 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?) UN operational agencies in HCT; 5x M+E actors; 7x coordination actors/OCHA; 4 non-op stakeholders: UNDSS, MINUSCA, UNHCHR, WB, see Table 16, below.

**Table 1: Heads of Agencies**

#	Table 16.	Heads of Agency	HCT	2013-2015
2	HC	DSRSG/RC/HC, Aurélien Agbénonci	HCT	
		Former HC, Claire Bourgeois		
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	Représentant, Bienvenu Djossa	HCT	
1	UNICEF	Représentant, Mohamed Fall	HCT	
1	PNUD	Directeur Pays, Aboubacar Sidiki Koulibaly	HCT	
1	OMS	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	Agencies	UN M+E Advisors		

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



## 2. Operational: International NGO Agencies

We used official lists (HCT) and databases (i.e., Humanitarian Needs Overview 2014/15, and 3W-OPs lists) to determine the INGOs most active. 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 need assessments (humanitarian needs AND priorities of the affected), 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 RC movement) listed in the Humanitarian Contact List (OCHA, Dec 2014).
- Selection criteria: Maximum diversity sampling was proposed. The sample aimed to capture a diverse combination from each of the following categories: participation in HCT, volume of funding reported in FTS (high, med, low), geographic breadth of intervention (actors with widest geographic coverage/ # prefectures) and breath of sector (total # sectors active in CAR and lead on sector). *Taking the example of IMC (in Table below), they served on the HCT, received over \$2 million in 2014/15; they are the INGO with the 5<sup>th</sup> largest number of operational prefectures, and the INGO with the 6<sup>th</sup> largest number of operational sectors as well as the largest focus on Nutrition.*
- Stratification: see sub-groups 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 17 below
- Bias: The databases may have typical biases such as NGOs that do not share information readily with UN/OCHA or those that are very active, but do not depend on and/or channel their efforts or funding through FTS, etc.

**Table 2: Sampling Strategy and Frame**

INGO	Criteria	Strategic Focus (N=14)	Volume of funding received (Dec 2013 to date; FTS)	Breadth of intervention (Ranked by # Prefectures)	Sector (Ranked by Breadth and Strongest Focus)	Presence in Less-Served Prefectures
1.ACTED		HCT	1-1.5 million	1	3 (LCS, Ed, Shelter)	Ouham Pende
2. DRC		HCT	> 2 million	3	2 (CCCM)	Ouham Pende
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	Mambere-Kadei
9. SCI			> 2 million	5	5 (Protection / Hlth)	Basse-Kotto
10.Solidarites 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 Sec)	

### 3. Operational: National Authorities and NGOs

Stake: xx

Subgroups: Government and National NGOs

Sampling strategy and frame

- Entire population: # Ministries engaged in response? # NGOs?
- Selection criteria: wide geographic and sectorial coverage, CHF recipients
- Stratification: Heads of organizations, or operational departments
- Inclusion: based on function (operational)
- Sample frame proposed: See Table 18 below
- Bias:

**Table 3: National NGOs**

National NGO	Criteria	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. Vitalite Plus			\$250,000.00		YES
4. AFPE			\$234,004.00		
5. ADEM (Association pour le développement de Mbrès)			\$160,000.00		YES
6. FLRF			\$108,342.00	YES	
7.ACDES			\$50,000.00		
8. ACCM			\$53,500.00	YES	YES
9.Caritas			\$106,732.50	YES	YES
10. AFEB			\$53,500.00		YES
11. Croix Rouge RCA				YES	
12.ECHELLE (Echelle appui au développement)				YES	
13. Jupedec				YES	
13. Réseaux des Organisations Nationales de Lutte contre le SIDA (RONLCS)				YES	
14. Yamcuir				YES	
15. Gov: Min Affaires Sociales et Action Humanitaire				YES	
16. Gov: Min Sante et de la Population				YES	

National NGO	Criteria	Strategic Focus	Volume of funding received (Dec 2014 to date; FTS "resources available")	3W-OP	Recommendations from OCHA
17. Gov: Min de l'Education				YES	
18. Gov: Min. 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-Seleka, anti-Balaka, religious and other well-informed individuals

Sampling strategy and frame

- Entire population: not applicable
- Selection criteria: having historical perspective (Dec 2013 to present)
- Stratification: see sub-groups above
- Inclusion: male and female when possible, vulnerable groups and people with disabilities
- Sample frame proposed: see Table 19 below
- Bias: none known

**Table 4: National Leaders**

Category	Names
Political leaders	Mme Catherine Samba Panza, Présidente de la République Mr. Mahamat Kamoun, Prime Minister of CAR Mr. Martin Ziguélé, Former Prime Minister of CAR during President Ange-Felix, Patassé regime, President du MLPC Mr Jean-Baptiste Koba, Président du Parti MESAN (Mouvement pour l'évolution sociale de l'Afrique Noire)
Private sector	Mr. Robert Ngoki, Président de la Chambre de commerce d'industrie des mines et de l'artisanat de RCA Maitre Christiane Doroy, Présidente de la Chambre des Notaires de RCA Syndicat des Eleveurs Centrafricains Syndicat des Transporteurs Centrafricains
Ex-Seleka	Général Ousmane Mamadou Ousmane, Force Commander Général Ali Ndarassa, Président de l'UPC (l'Unité pour la Paix en Centrafrique)
Anti-Balaka	Mr. Joachim Kokaté Leader of the Political Branch Mr Patrice N'GaiSSona: Chef de Groupe
Religious and other well-informed individuals	Monseigneur Dieudonné Nzapalainga, Archevêque de Bangui, Président de la Conférence Episcopale de Centrafrique Révérend Pasteur Nicolas Guéret Koyamé, Président de l'Alliance des Eglises Evangéliques en Centrafrique Iman Kobiné Lamaya, Président de la Communauté Islamique Centrafricaine Mr. Bala Dodo, Maire du 3eme Arrondissement de Bangui Père Aurélien, Diocèse de 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 20 below

- Bias: may be biased towards areas of largest operations and with functional logistics / access and towards more recent operations.

**Table 5: Consultation with Affected People**

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

## ANNEX 4: COMPLETE BIBLIOGRAPHY

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## ANNEX 5: 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 CAR (2014-15) relieved suffering, provided basic services and protection for the most vulnerable.** An overall majority (55/69) of respondents clearly agree that suffering was relieved; many 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 wide 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 interagency 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 regards to this question. Supporting livelihoods registered a global mean of 5.4, with strong disagreement (21:38:10). Interestingly on these issues, INGO respondents were more generous than UN 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 interagency 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 UN and NGO respondents. Distribution of importance was 40:22:7).
- Other areas where perceptions of UN 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, UN respondents found them less distracting from 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 interagency 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 CAR. 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 knee-jerk personal (not institutional) opinions on a set of 21 questions regarding the inter-agency humanitarian response in CAR.

#### Question A. How much do you agree with the following statements about the interagency response?

Participants were offered a 10-point scale by which to respond, from ‘Strongly disagree (1)’ to ‘Strongly disagree (10)’. The statements were as follows, with the first five focusing on the 2014 response and the last six focusing on the 2015 response underway during the field work phase of the evaluation:

Statement
1.It reduced the suffering of conflict-affected people in CAR
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)':

<i>Element</i>
1.Overall coordination
2.Gaps filled and duplication avoided
3.Preparedness
4.Needs assessment
5.Strategic planning
6.Monitoring and evaluation
7.Empowered leadership
8.Accountability to affected people
9.Safe access
10.National and local ownership
11.Other, please specify _____

**Responses**

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

Frequencies of perceptions were divided as follows:

7-8-9-10: indicates "Clear Agreement"

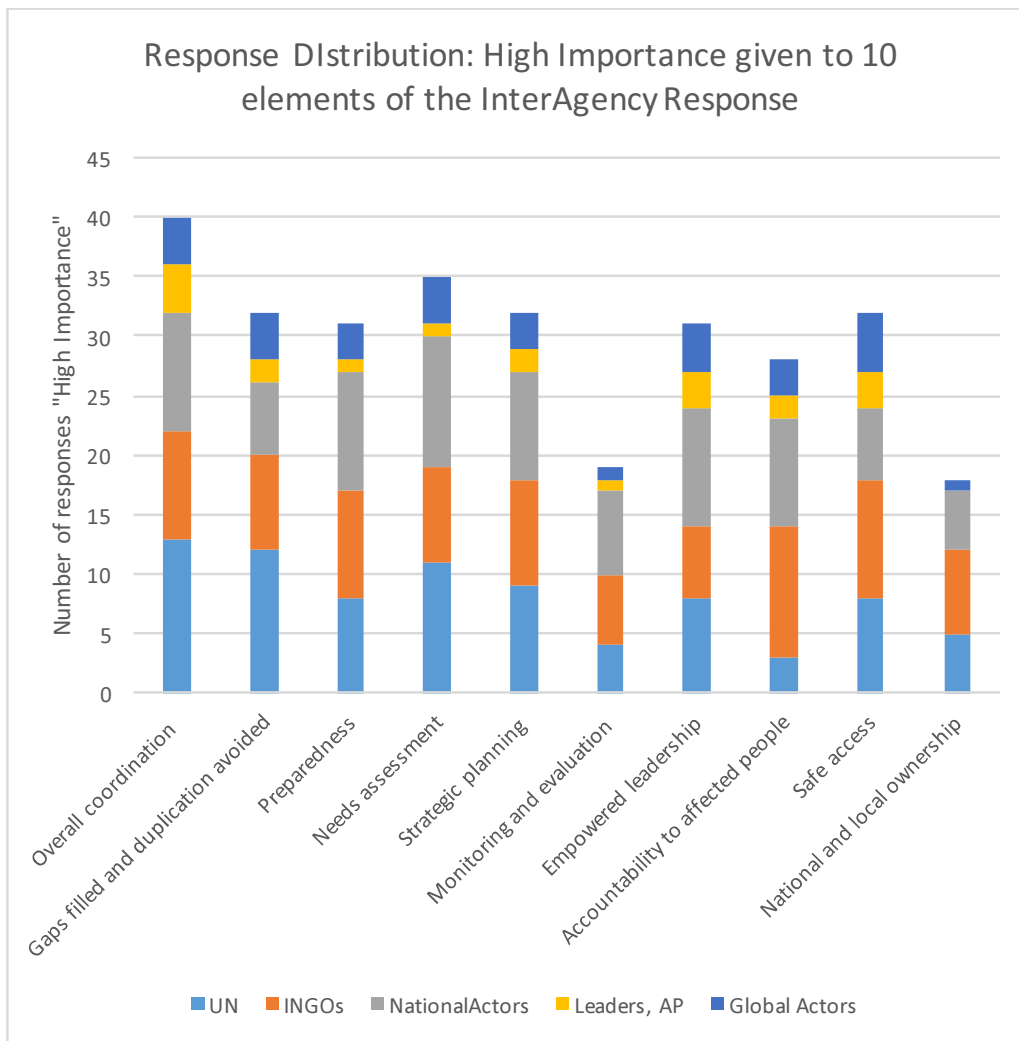
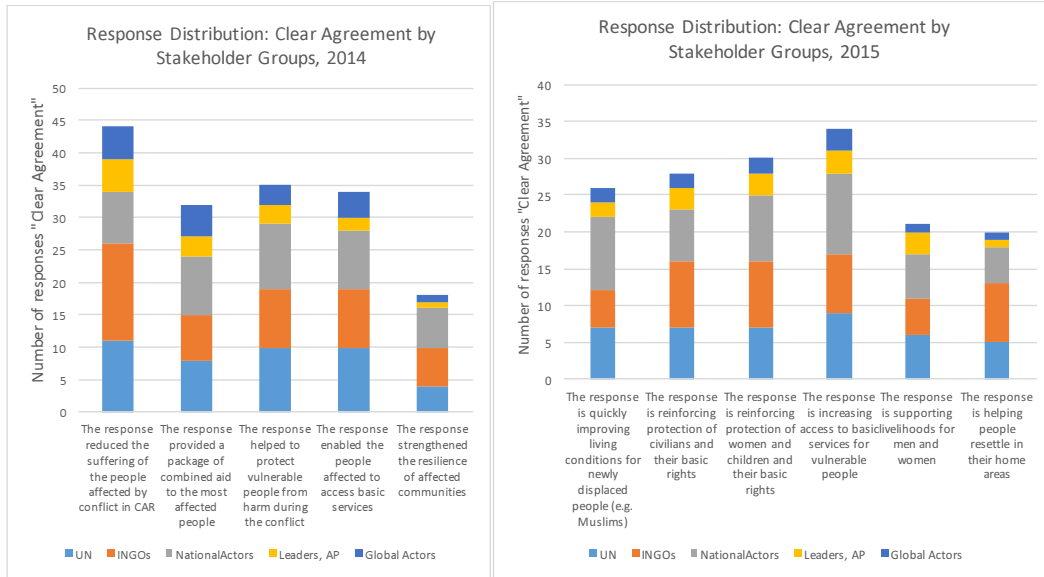
4-5-6: "Mitigated Agreement"

1-2-3-4: indicates "Disagreement".

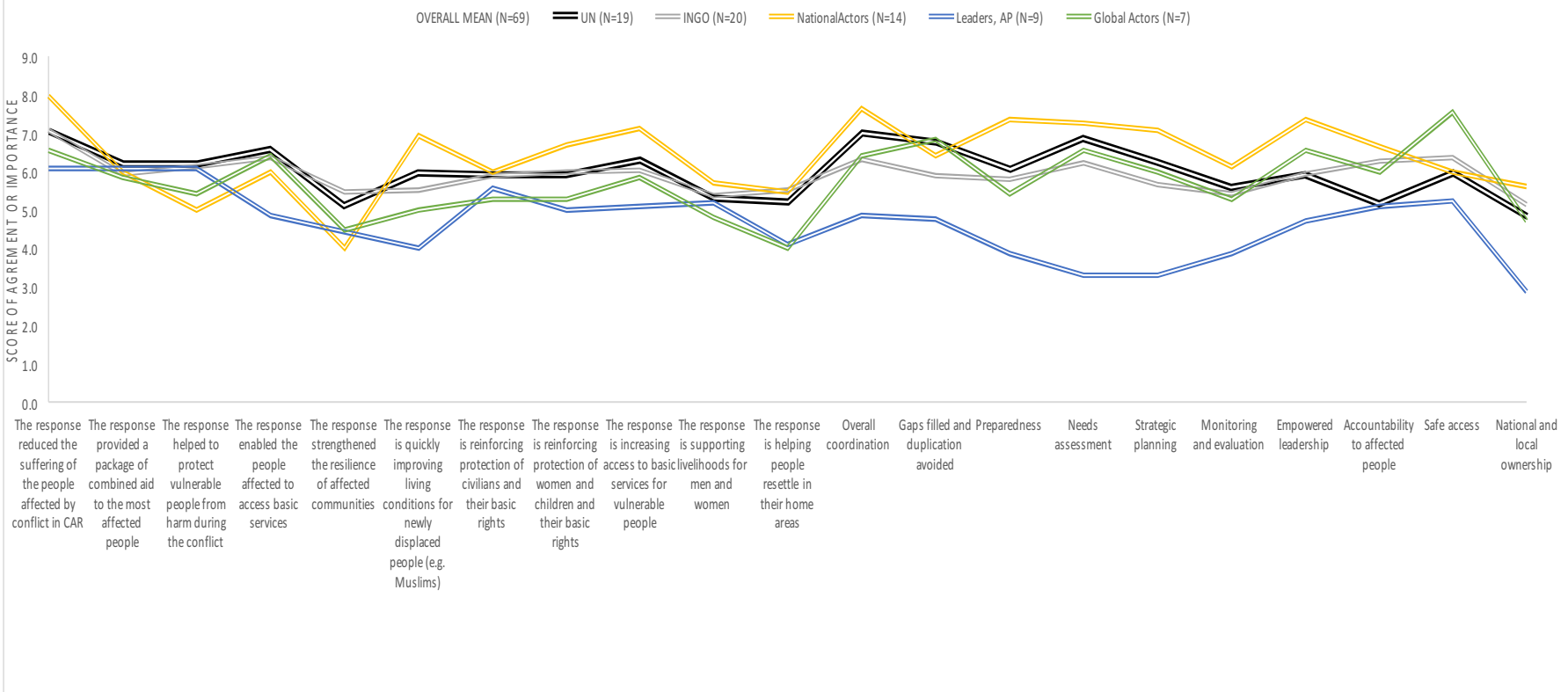
For answers to Question Set A, national operators were systematically the most favourable in their scores compared to the other four groups (ranging from 5.6 to 8 out of 10). For the same set, National Opinion Leaders (of the affected population) were the most critical of the interagency response for six of the 11 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 11 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).





### AVERAGE SCORE BY STAKEHOLDER GROUP, ALL VARIABLES

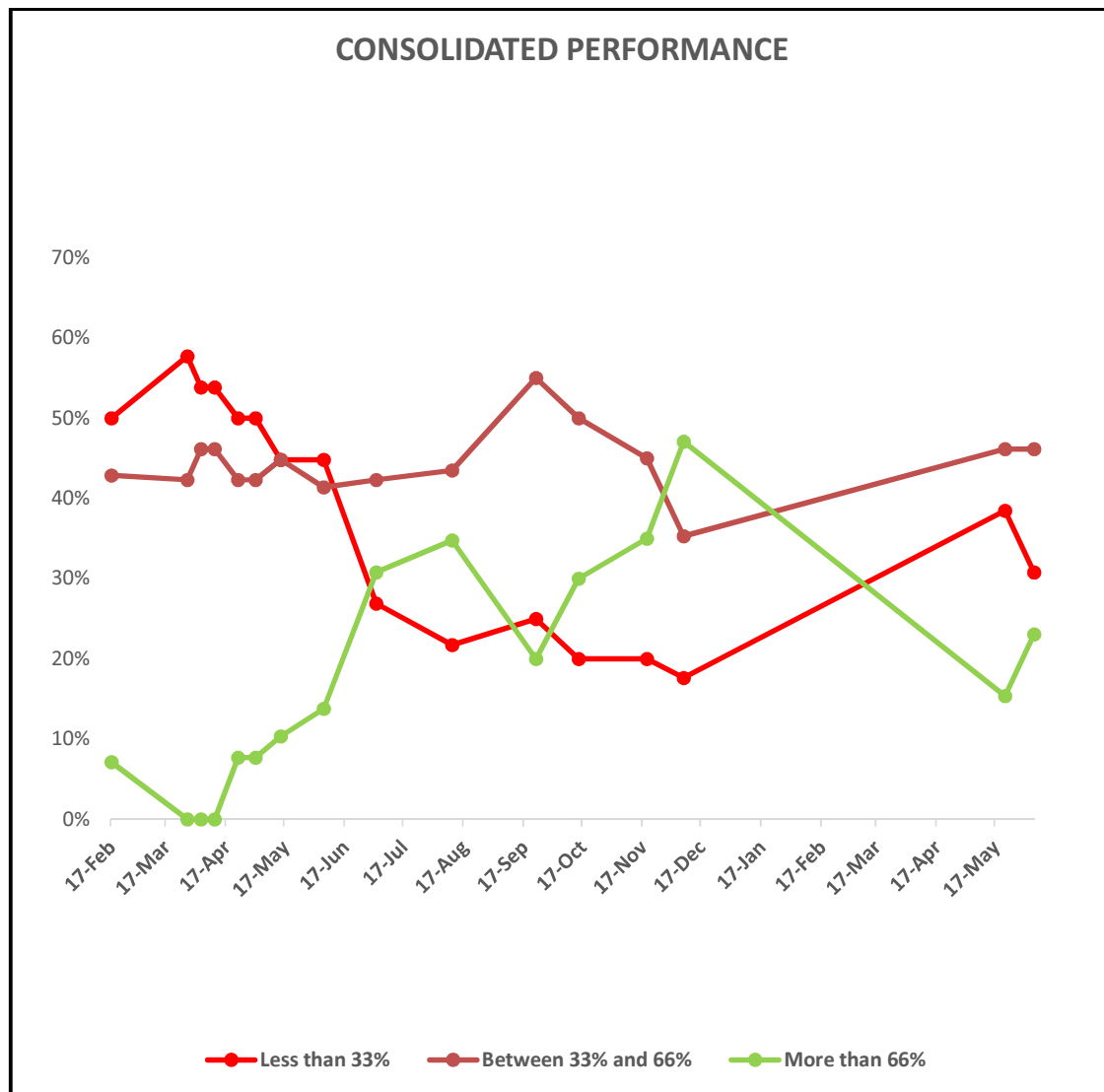


**LIMITATIONS:**  
 Some limitations should be noted: First, the poll followed the design of the evaluation and thereby focused on the views of operational actors (53/69 of the respondents) and much less so on global stakeholders (7) and national opinion leaders (9). The poll did not aim to represent 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 poor level of esteemed success) rather than a lived-reality, as was the intention.

## ANNEX 6: 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% achieved (green); between 33% and 66% achieved (orange); and less than 33% 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 program 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 Dec 2014 and May 2015 in the consolidated performance chart directly below, is explained by 'fresh targets' at the beginning of a new program 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.**



### Cluster-Wise Aggregate Indicator Performance

