

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

Management Response Plan (MRP)

Date: 25/04/2016

Prepared by: OCHA

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Overall Comments:

Evaluation Recommendation 1: Improving interagency strategy and performance (part A)

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:

- i. Strengthening assistance through improved quality, integrity and distribution, and consultation with intended beneficiaries.
- 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,
- 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 reforming social, political, and economic relationship in order to promote national and local ownership.
- iv. Developing a risk management approach holistically covering all strategic risks, including insecurity, impassable roads, and declining financial and HR capacity after the L3.

Provided to: HC/ HCT

Priority: Critical

Timeframe: Immediately

Status: Not Initiated

Management Response:

[State if the recommendation has been accepted, partially accepted or rejected. The choices partially accepted and rejected need written explanation in form of a short narrative stating the main reasons for partial acceptance or rejection]

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)
<p>2.1. <i>[Please state here the action/s which is/are planned to implement the recommendation. Please note: all key actions planned to implement the recommendations need to be SMART (Specific, Measurable, Achievable, Result-oriented and Time-bound. Reporting on the implementation of the planned action/s should be conducted periodically)]</i></p> <p>a.</p>	<p><i>[In which time frame will the key planned follow up action take place?]</i></p>	<p><i>[Which is the responsible organization that will take the lead in implementing the planned actions and report back on such implementation? Is there a focal point responsible for the work? Please include contact details – Name & Email]</i></p>	<p><i>[Which are the responsible organizations that will carry out the planned actions? Is there one designated focal point in each one of them responsible for the work? Please include contact details – Names & Emails]</i></p>

Evaluation Recommendation 1: Improving interagency strategy and performance (part B)

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:

- 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.
- 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).
- 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.
- iv. Providing guidance on how to measure and report the number of lives saved and risks avoided in complex emergencies.

Provided to: IASC (global-level recommendation)

Priority: Critical

Timeframe: Immediately

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation 2: Mobilizing capacity (part A)

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:

- 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
- ii. Collaborating with development actors to meet resilience and recovery needs, and peacebuilding actors to meet protection needs at scale.
- iii. Collaborating with and supporting national and local capacities to meet needs at scale through the provision of rehabilitated basic services wherever possible.

Provided to: HC/ HCT

Priority: Critical

Timeframe: Immediately

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation 2: Mobilizing capacity (part B)

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:

- 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.
- ii. Adapting the L3 mechanism to chronic or protracted emergencies, beyond the requirements of meeting acute timely needs.
- iii. Clarifying the purpose, time limit and deactivation of L3 mechanism in a chronic crisis
- iv. Requiring timely transition to another mechanism capable of meeting chronic needs in a complex protracted crisis—such as a comprehensive stabilization plan.

Provided to: IASC (global-level recommendation)

Priority: Critical

Timeframe: Immediately

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation 3: Enabling leadership (part A)

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:

- i. Maintaining an SHC or a dedicated HC role with strategic vision and the ability to work with political, development and military/peacebuilding actors.
- 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.
- iii. 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.

Provided to: HC/HCT

Priority: Important

Timeframe: Immediately

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation 3: Enabling leadership (part B)

The IASC should learn lessons about ‘strategic’ leadership in a chronic emergency. To that end, it should consider:

- i. Recognizing the importance of ‘strategic’ leadership in chronic emergencies like CAR’s.
- 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.
- iii. Examining why mechanisms worked poorly in CAR despite relatively generous funding.
- iv. Articulating the 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.

Provided to: IASC (global-level recommendation)

Priority: Important

Timeframe: Immediately

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation: 4. Strengthening process (part A)

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:

- i. Strengthening the three interrelated HPC elements where greatest improvements could be made to strengthen coordination and effectiveness: needs assessments, strategic planning, and monitoring
- ii. Defining an effective approach to preparedness with development actors, including regularly updating contingency and preparedness plans for the country, following IASC guidance (OPR).
- iii. Facilitating collective involvement in the HPC by ensuring an efficient process with an appropriate work calendar.

Provided to: HC/HCT

Priority: Important

Timeframe:

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation: 4. Strengthening process (part B)

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:

- 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).
- ii. Provide training in use and application of HPC for coordination leaders in HC/HCT, OCHA and largest operational actors.
- 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.
- iv. 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.

Provided to: IASC (global-level recommendation)

Priority: Important

Timeframe: Immediately

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation: 5. Defining accountabilities (part A)

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:

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

Provided to: HC/ HCT

Priority: Important

Timeframe:

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)

Evaluation Recommendation: 5. Defining accountabilities (part B)

The IASC should review the collective accountability framework for chronic emergencies, providing guidance and monitoring mechanisms. To that end, it should consider:

- 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.
- ii. AAP commitments, implementation at the strategic level, and possible integration into HPC package.
- 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.

Provided to: IASC (global-level recommendation)

Priority: Important

Timeframe:

Status: Not Initiated

Management Response:

Key planned follow Action(s)	Time Frame	Lead organization	Participating organization(s)