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

Background

In 2012, the Central African Republic (CAR) faced a chronic crisis in human development, it ranked third lowest in UNDP's Human Development Index out of 187 countries and territories. In 2013, political rivalries triggered a violent conflict. Militias associated with the main political parties committed wanton violence, looting, destruction and killings. By the end of 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.

A Level 3 (L3) emergency response was declared by the Emergency Relief Coordinator (ERC) in December 2013, which trigged a number of actions including the Inter-Agency Humanitarian Evaluation (IAHE). The scope of the evaluation covers the collective humanitarian response from the L3 declaration on 11 December 2013 until the completion of data collection in September 2015. The methodology was devised to adequately answer the four key evaluation questions, which focus on the achievement of Humanitarian Response Plan (HRP) results, involvement of national and local stakeholders, coordination of the response, and the application of the IASC core humanitarian programming principles and guidance. In answering these questions, the evaluation looks at collective results and not at sector specific lessons and practises, unless they are of particular strategic relevance. In line with this approach, the recommendations address issues of strategic nature and relevance both at the global and country level.

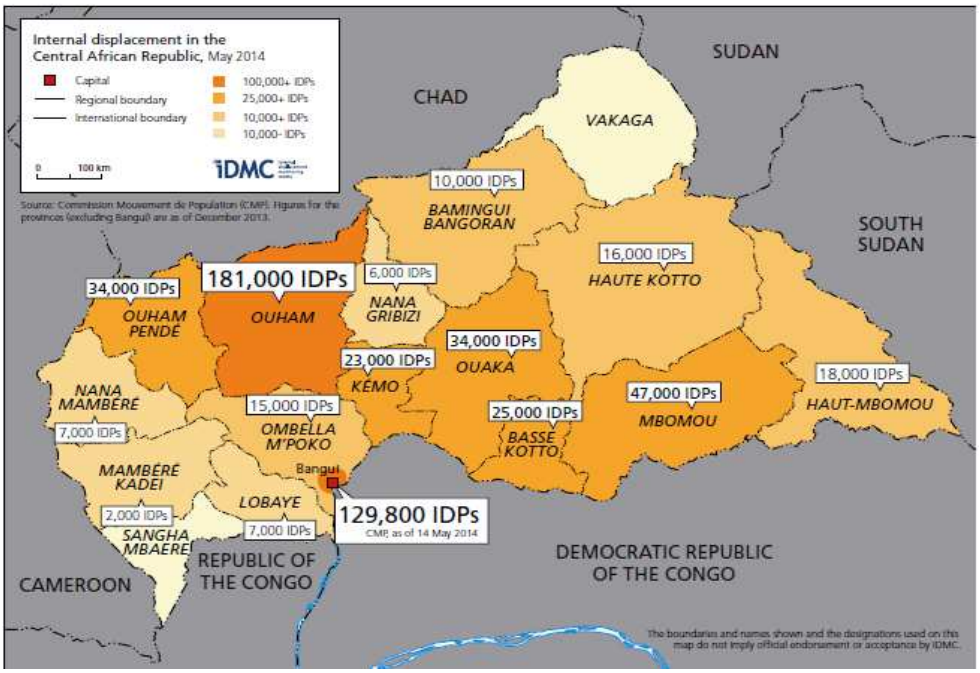

Figure 1: Internal Displacement in the Central African Republic, May 2014

IAHE Findings

The Evaluation concluded the following:

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

The evaluation draws relevant lessons relating to the L3 triggering in contexts such as CAR. The country faced a **chronic crisis in human development and governance** within a 'silent and forgotten' emergency. When violence broke out in 2013 leaving one fifth of the population displaced and half in need of humanitarian assistance, the humanitarian actors struggled to respond. However, the triggering of the L3 ensured that capacities and resources were put in place to respond to the crisis.

Specific findings from the CAR evaluation identify a number of areas where improvements continue to be needed:

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

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

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

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

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

- **The response's leadership was undermined by structural weaknesses and poorly functioning coordination mechanisms**. Coordination mechanisms (HCT, ICC, and clusters) and information management were generally weak and functioned poorly, leaving gaps in 'strategic' coordination and the absence of a galvanizing narrative for all stakeholders (beyond 'we need more funds' or highlighting barriers without solutions).

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

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

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

Evaluation Recommendations and Areas of Improvement

The IAHE provided the following recommendations:

1. **Improving inter-agency strategy and performance**: The HC/HCT should develop an inter-agency strategy aimed at improving performance and focused clearly on assistance, protection, basic services and resilience. 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 risks avoided.

2. **Mobilizing Capacity**: The HC/HCT should advocate for the mobilization of maximum capacities after the L3 surge, including humanitarian capacities, development and peacebuilding capacities, and local and national capacities, behind a coherent and comprehensive stabilization agenda. The IASC should maintain an adequate response in CAR after the L3, and seek to adapt the L3 mechanism for chronic emergencies.

3. **Enabling Leadership**: The HC/HCT should enable strategic leadership by ensuring a dedicated leadership role, well-functioning coordination structures, and structured communications with stakeholder. The IASC should learn lessons about 'strategic' leadership in a chronic emergency, including recognizing the importance of HCT leadership for coordination, the importance of enabling structures, and the limitations of relying on the 'right people' model. It should also examine why mechanisms worked poorly in CAR despite relatively generous funding.

4. **Strengthening Processes:** The HC/HCT should address key weaknesses in the coordination process in order to strengthen effectiveness. It should concentrate on needs assessment targeting specific vulnerabilities and groups of beneficiaries, strategic planning and monitoring, and defining an effective approach to preparedness with development actors. The IASC should review the utility (usability) of the HPC model, provide training for its application, and strengthen the monitoring, evaluation and learning element.

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. The IASC should review the collective accountability framework for chronic emergencies, providing guidance and monitoring mechanisms.

Displaced people in the town of Batangafo, CAR. Credit: OCHA/Gemma Cortes