

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

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

The **IAHE of the response to the crisis in the Central African Republic** examined the following four core question:

- (1) the extent to which the results of the Humanitarian Response Plan were achieved,
- (2) the extent to which national and local stakeholders were involved in the response,
- (3) the overall coordination of the response, and
- (4) the application of the IASC core humanitarian programming principles and guidance.

## Main findings of the Inter-Agency Humanitarian Evaluation

After the L3 declaration, the inter-agency humanitarian response **made major contributions to the provision of basic services, reinforcing protection and delivering assistance to around two million people in need**. It contributed enormously to relieving the crisis, saving many thousands of lives and preventing famine, disease outbreaks, mass atrocities, and larger refugee outflows. These successes were achieved in a very complex and constrained environment: a collapsed state, minimal infrastructure, widespread insecurity, and international neglect.

The evaluation also identified weaknesses. In particular it found that:

- **The response struggled to deliver strong results in relation to its strategic objectives.**
- **The response focused only on the immediate term** without a strategic vision for solutions, resilience, early recovery, or national response capacity. The response did little to offset negative contributions to aid dependency, inflation, or short-termism in national planning.
- **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 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 in response to the immediate crisis but the L3 mechanism was not adapted to addressing CAR's chronic emergency.
- **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.
- **The HPC model did not increase effectiveness because of difficulties in its application.** While all steps in the process were carried out, the HPC contributed little to effectiveness, speed, efficiency, transparency, accountability, and inclusiveness.
- **Coverage of all needs prioritized by severity remained a fundamental challenge.** The response increased coverage to reach many people in need, but the scale of targeting and funding was insufficient compared to actual needs.
- **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.

## IAHE recommendations

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

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