UNICEF'S RESPONSE TO THE CENTRAL AFRICAN REPUBLIC’S CRISIS, JULY 2013 TO DECEMBER 2014

Final Report


United Nations Children's Fund
Three United Nations Plaza
New York, NY 10017

March 2016

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The UNICEF Response to the Crisis in the Central African Republic

FINAL REPORT
The Central African Republic has suffered from decades of instability, weak governance and conflict. Although the country has great mineral wealth, the lives of most of its citizens are blighted by poverty and disease. Social indicators are, across the board, among the lowest in the world. At the end of 2012, conflict became widespread and provoked a complex humanitarian and protection crisis. According to the Office for the Coordination of Humanitarian Affairs (OCHA), by the end of 2015, an estimated 2.5 million people were in need of assistance and protection, out of a total population of 4.6 million. Basic services are lacking. Insecurity continues to destroy livelihoods and has resulted in major population movements within the country, with over 500,000 people internally displaced, and a further 450,000 seeking refuge in neighbouring countries. Children have borne the brunt of the crisis. Insecurity and lawlessness throughout the country have led to children being displaced, separated from their families, recruited by armed groups, maimed, mutilated, abducted, raped and killed. In 2016, an estimated 2.3 million people are in need of humanitarian assistance, including 1.2 million children.

UNICEF appealed for more than US$620 million between 2013 and 2015 to cover programming needs in the Central African Republic, of which nearly US$410 million was received. As a result, UNICEF was able to strengthen its field presence and accelerate the delivery of humanitarian assistance. The UNICEF emergency programme has focused on life-saving interventions to address vaccine-preventable and waterborne diseases, malaria and malnutrition, as well as reducing the risks faced by displaced populations. In addition, UNICEF and its partners provided psychosocial assistance and safe learning spaces to children affected by armed conflict and worked on the identification, release and community-based reintegration of children associated with armed groups. Efforts were also made to prevent gender-based violence (GBV) and address the needs of GBV survivors.

This independent evaluation of the UNICEF response to the emergency in the Central African Republic was undertaken to assess how far the response succeeded, in very challenging conditions, in meeting the needs of children, families and communities affected by the crisis. The evaluation documents the UNICEF response, draws conclusions and makes recommendations intended to inform programming in the country as well as, more generally, UNICEF’s approach to protracted humanitarian crises within conflict settings and in similar contexts. The evaluation focused mainly on the period 2013 to 2014, with some assessment of 2015 interventions. It was prepared by a team headed by Andrew Lawday, and including Ian Clifton Everest, Soledad Posada, Ana Rodriguez and Colleen McMillon. It benefited from information, perspectives and feedback provided by UNICEF colleagues in the Central African Republic Country Office, the UNICEF West and Central Africa Regional Office in Dakar as well as in UNICEF headquarters. I would like to take this
opportunity to thank the Evaluation Team and the many UNICEF colleagues who engaged with the evaluation at various points. Finally, I would like to recognize Koorosh Raffii and Jane Mwangi as the managers of this evaluation. Managing evaluations in conflict settings has particular challenges, which the managers, Evaluation Team and UNICEF colleagues were able to overcome by working closely together.

The findings indicate that despite the many needs and challenges, including the complex, conflict-driven character of the emergency and many difficulties in reaching people affected by the crisis, UNICEF and its partners have been effective in delivering programmes for children, their families and communities. The evaluation also records, however, the major challenges and demands that still need to be addressed to save lives, protect the rights of the most vulnerable women and children, and support their efforts to rebuild their lives and livelihoods. We hope that the findings, conclusions and recommendations of this evaluation will contribute towards further strengthening the work of UNICEF and others in the Central African Republic. We believe that the lessons learned may also be useful in guiding humanitarian efforts in other countries facing similar challenges.

Colin Kirk
Director, Evaluation Office
UNICEF
New York
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Second, we really appreciate the participation of all 120 respondents, including senior and technical staff from UNICEF’s Country Office, Regional Office and headquarters; the implementing partners, the strategic partners and members of the affected population. Each of them engaged constructively, thoughtfully, patiently.

Third, a big thank you to my excellent colleagues and team members, Ian Clifton Everest, Soledad Posada, Ana Rodriguez and Colleen McMillon.

Finally, we trust UNICEF will put the evaluation findings and recommendations to good use. We accept full responsibility for any shortcomings.

Andrew Lawday
Team Leader
DARA
### ACRONYMS

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>3PM</td>
<td>third-party monitoring</td>
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<td>3Ws</td>
<td>Who does What, Where</td>
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<td>AAP</td>
<td>Accountability to Affected Populations (IASC)</td>
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<td>acquired immune deficiency syndrome</td>
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<td>ALNAP</td>
<td>Active Learning Network for Accountability and Performance</td>
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<td>ART</td>
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<td>C4D</td>
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<td>CAAP</td>
<td>Commitments to Accountability to Affected Populations</td>
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<td>Central African Republic</td>
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<td>Camp Coordination and Camp Management</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CLA</td>
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<td>CO</td>
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<td>COHA</td>
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<td>CwC</td>
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<td>DPKO</td>
<td>Department of Peacekeeping Operations</td>
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<td>European Commission’s Humanitarian Aid and Civil Protection Department</td>
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<td>Office of Emergency Programmes of UNICEF Operations</td>
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<td>Emergency Programme Fund</td>
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<td>European Open Source Humanitarian and Volunteers</td>
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<td>Harmonized Approach to Cash Transfers</td>
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<td>human immunodeficiency virus</td>
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<td>Inter-Agency Humanitarian Evaluation</td>
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<td>International Crisis Group</td>
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<td>ICT</td>
<td>information and communication technology</td>
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<td>IDMC</td>
<td>International Displacement Monitoring Centre</td>
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<td>internally displaced persons</td>
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<td>IMMAP</td>
<td>Information Management and Mine Action Programs</td>
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<td>INGO</td>
<td>international non-governmental organization</td>
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<td>IRT</td>
<td>Immediate Response Team</td>
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<td>L2</td>
<td>Level 2</td>
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<td>Level 3</td>
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<td>MAM</td>
<td>moderate acute malnutrition</td>
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<td>MEAL</td>
<td>Monitoring, Evaluating, Accountability and Learning</td>
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<td>MIRA</td>
<td>Multi-Cluster/Sector Initial Rapid Assessment</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MISCA</td>
<td>International Support Mission to the Central African Republic (Mission internationale de soutien à la Centrafrique)</td>
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<td>MRM</td>
<td>Monitoring and Reporting Mechanism</td>
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<td>MSA</td>
<td>multi-sectoral assessment</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<td>NARC</td>
<td>NGO Agreement Review Committee</td>
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<td>NFI</td>
<td>non-food item</td>
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<td>NGO</td>
<td>non-governmental organization</td>
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<td>NNGO</td>
<td>national non-governmental organization</td>
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<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<td>OECD/DAC</td>
<td>Organization for Economic Cooperation and Development/Development Assistance Committee</td>
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<td>OPR</td>
<td>Operational Peer Review</td>
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<td>PAF</td>
<td>Performance and Accountability Framework</td>
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<td>PBR</td>
<td>Programme and Budget Review</td>
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<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<td>POC</td>
<td>Protection of Civilians</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<td>PWD</td>
<td>people with disabilities</td>
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<td>REP/CO</td>
<td>Representative Country Office</td>
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<td>RO</td>
<td>Regional Office</td>
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<td>RR</td>
<td>Rapid Response</td>
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<td>RRM</td>
<td>Rapid Response Mechanism</td>
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<tr>
<td>SADD</td>
<td>sex and age disaggregated data</td>
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<tr>
<td>SAM</td>
<td>severe acute malnutrition</td>
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<tr>
<td>SHC</td>
<td>Senior Humanitarian Coordinator</td>
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<td>sitan</td>
<td>situation analysis</td>
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<td>sitrep</td>
<td>situation report</td>
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<tr>
<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
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<td>SODECA</td>
<td>CAR Water Distribution Company</td>
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<td>SPHERE</td>
<td>Humanitarian Charter and Minimum Standards in Disaster Response</td>
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<tr>
<td>SRP</td>
<td>Strategic Response Plan</td>
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<tr>
<td>SRSG</td>
<td>Special Representative of the Secretary-General</td>
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<td>SSOPs</td>
<td>Simplified Standard Operating Procedures</td>
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<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities and Threats</td>
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<tr>
<td>TLS</td>
<td>temporary learning spaces</td>
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<tr>
<td>ToR</td>
<td>terms of reference</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNDAC</td>
<td>United Nations Development Assistance Framework</td>
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<td>United Nations Development Programme</td>
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<td>UNDSS</td>
<td>United Nations Department of Safety and Security</td>
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<td>UNHAS</td>
<td>United Nations Humanitarian Air Service</td>
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<td>UNHCR</td>
<td>Office of the United Nations High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>UNSC</td>
<td>United Nations Security Council</td>
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<tr>
<td>UK</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
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<tr>
<td>US</td>
<td>United States of America</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>USOFDA</td>
<td>United States Office for Foreign Disaster Assistance</td>
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<tr>
<td>UXO</td>
<td>unexploded ordnance</td>
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<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WCARO</td>
<td>UNICEF West and Central Africa Regional Office</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Programme</td>
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EXECUTIVE SUMMARY

This is an evaluation of UNICEF’s response and programme strategies in the Central African Republic from July 2013 to December 2014. Its purpose is to inform UNICEF’s programming in the country, provide impartial evidence and offer practical recommendations. The methodology relied on a stakeholder analysis and structured consultations with 120 stakeholders (see Annex 4), including UNICEF at three levels (Country Office, Regional Office and headquarters), plus implementing partners; strategic partners in the Central African Republic; and beneficiaries in communities. The analysis used the Active Learning Network for Accountability and Performance (ALNAP) evaluation criteria, applicable norms and standards, and a process of triangulation. Data were collected using a combination of document review, stakeholder consultation and field research during February–March 2015. An opinion polling exercise was also conducted among some stakeholders (see Annex 2).

The Central African Republic’s chronic crisis became an acute emergency in 2013. Facing a long-standing crisis in human development and governance, the country suffered a growing violent conflict with atrocities and serious rights violations committed by Séléka rebels and subsequently by anti-balaka forces. By 2014, tens of thousands of Muslims were left at the mercy of the anti-balaka, and many fled abroad or into ‘enclaves’ where they remained trapped. In all, UNICEF reported some 2.3 million children were affected by the crisis, including several thousand associated with armed groups. In December 2013, the United Nations declared a system-wide Level 3 (L3) emergency, and the Humanitarian Country Team (HCT) approved a 100 Day Action Plan and then a Strategic Response Plan 2014, both produced through the cluster system.

Main findings and conclusions

UNICEF’s response and programme strategies were relevant and appropriate. Plans were well aligned with United Nations plans and the Core Commitments for Children (CCCs). The organization reacted appropriately to major constraints, its advocacy contributed to protection and its strategy was relevant to rights of the child to receive basic services. Its strategy, however, was poorly informed by needs assessments, accountability to beneficiaries, communication with affected communities, specific vulnerabilities, people with disabilities (PWD) and donor preferences.

UNICEF strategies were coherent but not well integrated. The response committed to an integrated approach and programmes reported notable synergies and complementarities, but expertise was lacking on how to implement integration, and it remained unlikely without adjustments in UNICEF and stronger inter-agency capacity.

UNICEF’s coverage of needs was generally good and large in scale, although certain categories of beneficiaries were excluded; the needs of displaced communities in the bush, Peuhl nomads and the population in the north of the country were poorly covered for security reasons. UNICEF and partners set a few clear targets in each sector as required by the CCCs, increased coverage during 2014 as it scaled up operations, and achieved wide coverage. Plans show target groups disaggregated by age, sex and location, and UNICEF sought to reach vulnerable populations, especially those most affected, and targeted both Muslims and Christians.
Targeting was modest in 2013, however, requiring large increases during 2014. The targeting reflected weaknesses in needs assessments (poor data and analysis, non-comprehensiveness) and focused mainly on accessible populations in urban centres and internally displaced person sites. Targets such as disability and specific vulnerabilities were not identified (beyond predefined categories), so people with disabilities, orphans, returnees, older children and youth have not been adequately included.

UNICEF’s response strategy was insufficiently connected with longer-term development goals. The response remained formally aligned with these goals, but they were not well articulated within 2013–2014 plans and documents; it supported some development in practice, especially in health and education, even while it remained focused on an emergency response; it prioritized building government institution capacity and it recognized the need to strengthen community capacity and resilience.

Yet UNICEF did too little to promote early recovery, assuming a ‘phased’ approach to emergency and recovery, and invested too little in community resilience. Not surprisingly then, stakeholders generally doubted that “UNICEF promoted national recovery and reconstruction.”

UNICEF was effective in delivering programmes in the Central African Republic. All stakeholders perceived its response as generally successful, and analysis shows programmes were satisfactory in achieving results, albeit with some variation across sectors and considerable room for improvement across the response.

UNICEF’s ability to achieve results depended largely on internal coordination in UNICEF, staff and financial capacities, service delivery mechanisms, monitoring, preparedness and operations in the field. UNICEF made remarkable efforts to strengthen internal coordination and capacity, but could have achieved better results with more robust delivery mechanisms, better monitoring, more preparedness and a stronger operations function.

UNICEF was slow to respond to needs outside of Bangui, the capital, in 2013, but it acted quickly to scale up operations in 2014, and expanded coverage to support a large number of people in need across its core sectors. Humanitarian Action for Children (HAC) funding requirements for the Central African Republic rose steeply throughout the period. UNICEF spent more than US$105 million in the country during 2013–2014, and the response was sometimes slowed by financial accountability procedures. It is difficult to measure how efficiently programmes were delivered, as UNICEF does not collect information that allows for such an assessment.

UNICEF’s response and programmes were coordinated with other actors, and its wide-ranging agenda highly valued by stakeholders. UNICEF ensured all the clusters it led had a dedicated cluster coordinator and met on a weekly basis. As lead for the water, sanitation and hygiene (WASH), education and nutrition clusters and for the child protection sub-cluster, UNICEF carried the most weight within the cluster system. Inside the Humanitarian Country Team, the UNICEF representative represented these clusters and UNICEF, allowing for a broader overview but also ‘double representation’.

UNICEF was partially effective in its use of Central Emergency Response Fund (CERF) funding. It submitted some proposals that were well aligned with CERF’s Rapid Response guidelines, and reported achievements in implementing life-saving interventions.
However, delays in both disbursal of funds and project completion undermined the intended value of rapid response funds and therefore its effectiveness. The suitability of some UNICEF proposals was questionable, and UNICEF seemed to use the facility for additional longer-term funding, instead of for rapid initiation of life-saving activities.

**KEY RECOMMENDATIONS**

The recommendations presented are the most important ones arising from the evaluation, directed to UNICEF overall and to the Country Office in particular. Recommendations 1 and 2 are concerned with programme effectiveness, while 3, 4 and 5 relate to the response strategy. By the end of 2015, a number of issues for improvement had been addressed and, at the time of writing, further improvements were ongoing or being formulated. The evaluation concludes that the efforts behind these areas of improving performance should be continued, and in areas where UNICEF is doing less well additional efforts are required.

**Recommendation 1:** UNICEF should update risk analyses and put in place adequate preparedness arrangements in all country offices facing chronic and complex emergencies. This is central to the effectiveness, coverage and efficiency of subsequent emergency responses. In particular, UNICEF should consider: (i) reinforcing response capacity at declaration of L2 status; (ii) developing preparedness plans that include resource mobilization, human resources, leadership, partnerships, supplies and logistics, accelerated procurement, and monitoring and evaluation; and (iii) conducting early and regularly updated situation analysis and/or strategic risk analysis to respond to the ongoing chronic and complex emergency, and prepare for further potentially acute phases.

**Recommendation 2:** Based on lessons learned from the experience in the Central African Republic, UNICEF should review its partnership model and operations function, and consider: (i) reviewing the comparative advantage of UNICEF’s partnership model in emergencies where government and International non-governmental partners are not sufficiently available to implement programmes; (ii) developing a protocol for direct delivery, including use of mobile teams and field offices, where implementing partners are absent, functioning poorly or lack capacities; (iii) revising management systems to ensure the entire operations function supports achievement of programme results in an emergency.

**Recommendation 3:** UNICEF should develop a multifaceted, long-term strategic response to the Central African Republic’s chronic crisis and complex emergency, and apply such an approach in similar situations. This is necessary to strengthen relevance, coherence of activities, external coordination, coverage, and connectedness with development efforts. At the global level, UNICEF should provide guidance and support on the development of strategic plans to address the aspects of development, recovery/resilience, and rights advocacy in chronic and complex emergencies, especially in cases where government’s capacities are low. The CO in chronic and complex emergencies should consider: (i) conducting strategic analyses to define primary challenges in programming, the role of key stakeholders in responding, and UNICEF’s comparative advantage; and (ii) prepare country plans aimed at development alongside a humanitarian response, and promoting early recovery.
**Recommendation 4:** In the Central African Republic, the CO should consider: (i) developing a comprehensive protection strategy to address the protection and human rights crisis, informed by a wider assessment of rights; (ii) developing an advocacy strategy to support it; (iii) conducting comprehensive needs assessments at household level in the country’s internally displaced person sites to assess, target and prioritize the specific needs of vulnerable children and families; and (iv) plan or advocate for major investments to support social cohesion and promote a culture of peace and tolerance, especially among disaffected young people who are vulnerable to being manipulated and coerced into armed groups.

**Recommendation 5:** UNICEF should develop an appropriate monitoring, evaluation and learning framework and system to support strategic decision-making, accountability to stakeholders and learning for improvement in the Central African Republic. This is essential for strengthening strategic management of the response, and would provide management with information on the quality, quantity and timeliness of progress towards the achievement of results.
RÉSUMÉ ANALYTIQUE

Le présent document est une évaluation de l’intervention et des stratégies programmatisques de l’UNICEF en République centrafricaine mises en œuvre de juillet 2013 à décembre 2014. Son but est d’informer la mise au point des programmes à mener en RCA, de fournir de manière impartiale des données factuelles et d’offrir des recommandations pratiques. La méthodologie utilisée a fait appel à une analyse des parties prenantes et à des consultations structurées avec 120 de ces parties prenantes, dont l’UNICEF à trois niveaux (Bureau de pays, Bureau régional et siège de l’UNICEF), ainsi que les partenaires de réalisation ; les partenaires stratégiques en République centrafricaine ; les bénéficiaires des communautés concernées. L’analyse a utilisé les critères d’évaluation du Réseau d’apprentissage pour la responsabilisation et l’efficacité en matière d’assistance humanitaire (ALNAP – Active Learning Network for Accountability and Performance), les normes et les standards applicables et un processus de recoupement. Les données ont été recueillies en combinant examen de documents, consultation des parties prenantes et recherche sur le terrain en République centrafricaine de février à mars 2015. Un exercice de sondage d’opinion a également été conduit parmi certaines parties prenantes (voir Annexe 2).

La crise chronique sévrissant en République centrafricaine est devenue une grave situation d’urgence en 2013. Faisant déjà face à une crise prolongée dans les domaines du développement humain et de la gouvernance, le pays a été de plus en plus touché par un violent conflit accompagné d’atrocités et de sérieuses violations des droits humains de la part des rebelles Sékélé, et subéquemment des forces anti-balaka. Le résultat a été qu’en 2014 des dizaines de milliers de musulmans se sont retrouvés à la merci des forces anti-balaka, et un grand nombre d’entre eux ont fui à l’étranger ou se sont réfugié dans des « enclaves » où ils sont restés piégés. L’UNICEF a constaté que globalement environ 2,3 millions d’enfants étaient victimes de cette crise, dont plusieurs milliers par leur association avec les groupes armés. En décembre 2013, les Nations Unies ont déclaré une situation d’urgence de Niveau 3 (L3) pour toutes les instances de l’organisation et l’Équipe de pays pour l’action humanitaire (HCT) a approuvé un plan d’action de 100 jours, puis un plan d’intervention stratégique 2014, tous deux élaborés dans le cadre du système des modules sectoriels.

Constatations et conclusions principales


La crise chronique sévrissant en République centrafricaine est devenue une grave situation d’urgence en 2013. Faisant déjà face à une crise prolongée dans les domaines du développement humain et de la gouvernance, le pays a été de plus en plus touché par un violent conflit accompagné d’atrocités et de sérieuses violations des droits humains de la part des rebelles Sékélé, et subéquemment des forces anti-balaka. Le résultat a été qu’en 2014 des dizaines de milliers de musulmans se sont retrouvés à la merci des forces anti-balaka, et un grand nombre d’entre eux ont fui à l’étranger ou se sont réfugié dans des « enclaves » où ils sont restés piégés. L’UNICEF a constaté que globalement environ 2,3 millions d’enfants étaient victimes de cette crise, dont plusieurs milliers par leur association avec les groupes armés. En décembre 2013, les Nations Unies ont déclaré une situation d’urgence de Niveau 3 (L3) pour toutes les instances de l’organisation et l’Équipe de pays pour l’action humanitaire (HCT) a approuvé un plan d’action de 100 jours, puis un plan d’intervention stratégique 2014, tous deux élaborés dans le cadre du système des modules sectoriels.

La réponse et les stratégies programmatisques de l’UNICEF ont été pertinentes et adaptées aux circonstances. Les plans mis en œuvre étaient correctement alignés sur les plans des Nations Unies et sur les Principaux engagements pour les enfants en situation d’urgence (CCC-C). L’organisation a réagi de manière adaptée aux principales contraintes rencontrées, ses activités de plaidoyer ont contribué à la protection des enfants, sa stratégie pertinente concernant les droits des enfants à bénéficier de services essentiels. Sa stratégie a cependant été insuffisamment informée par des évaluations des besoins, la responsabilité envers les bénéficiaires, les communications avec les communautés concernées, les vulnérabilités spécifiques, la situation des personnes handicapées et les préférences des bailleurs de fonds.

Les stratégies de l’UNICEF ont été cohérentes, mais insuffisamment intégrées. L’intervention s’était engagée à adopter une perspective intégrée et les programmes ont constaté des synergies et des complémentarités notables, mais l’expertise manquait pour appliquer effectivement cette intégration dont la mise en œuvre ne pouvait que rester improbable sans
ajustements des capacités de l’UNICEF et sans renforcement des capacités interinstitutions.

La couverture des besoins par l’UNICEF a été généralement satisfaisante et réalisée à grande échelle, cependant certaines catégories de bénéficiaires en ont été exclues ; les besoins des communautés déplacées réfugiées dans la brousse, des nomades peuls et des populations du nord du pays ont été mal servis pour des raisons de sécurité. L’UNICEF et ses partenaires ont clairement déterminé un certain nombre de cibles dans chaque secteur comme l’exigent les CCC, ont élargi leur couverture pendant l’année 2014 à mesure de la progression de l’échelle des opérations pour aboutir à une large couverture. Les plans mis en œuvre montrent que les groupes ciblés ont été ventilés par âge, sexe et zone géographique. L’UNICEF a également cherché à atteindre les populations vulnérables, spécialement les plus menacées, et a ciblé les musulmans comme les chrétiens. Le ciblage est cependant resté modeste en 2013 et a exigé de larges élargissements en 2014. Ce ciblage reflétait les faiblesses dans les procédures d’évaluation des besoins (données et analyses insuffisantes et non exhaustives) qui se sont principalement concentrées sur les populations accessibles des centres urbains et des sites occupés par les personnes déplacées. Des cibles comme celles concernant les handicaps et les vulnérabilités spécifiques n’ont pas été identifiées (au-delà des catégories pré-définies), en conséquence les personnes handicappées, les orphelins, les personnes déplacées revenant à leur domicile, ainsi que les enfants plus âgés et les jeunes n’y ont pas été adéquatement inclus.

La stratégie d’intervention de l’UNICEF a été insuffisamment reliée aux objectifs de développement à long terme. Cette intervention est restée officiellement alignée sur ces objectifs, mais ceux-ci n’ont pas été suffisamment bien formulés dans les plans et les documents 2013-2014 ; cela a contribué en pratique à un certain développement, en particulier dans les domaines de la santé et de l’éducation, tout en conservant l’accent mis sur l’intervention d’urgence ; le renforcement des capacités institutionnelles du gouvernement y a été prioritaire et la nécessité de renforcer les capacités et la résilience des communautés y a été reconnue.

L’UNICEF a cependant fait trop peu pour faciliter un relèvement rapide, adoptant une démarche « par phases » pour ses activités d’urgence et de relèvement, et l’organisation a trop peu investi dans la résilience des communautés. Il n’est donc pas surprenant que les parties prenantes aient exprimé des doutes sur la proposition qu’en général « l’UNICEF a facilité nationalement le relèvement et la reconstruction ».

L’UNICEF a appliqué avec efficacité ses programmes en République centrafricaine. Toutes les parties prenantes ont perçu son intervention comme généralement réussie, et une analyse montre que ces programmes ont atteint de manière satisfaisante les résultats attendus, bien qu’avec une certaine variation entre les secteurs, et globalement beaucoup de choses à améliorer à la lumière de cette intervention. La capacité qu’a eue l’UNICEF d’obtenir des résultats en République centrafricaine a largement dépendu de la coordination interne à l’organisation, de son personnel et de ses capacités financières, de ses mécanismes de prestations de services, de ses activités de suivi ; de ses mesures de préparation ainsi que des opérations sur le terrain. L’UNICEF a accompli des efforts remarquables pour renforcer sa coordination interne et ses capacités, mais l’organisation aurait pu obtenir de meilleurs résultats en se dotant de mécanismes de mise en œuvre plus solides, d’un meilleur suivi, de mesures de préparation plus étendues et de fonctions opérationnelles plus solides.

L’UNICEF a été lente à répondre en 2013 aux besoins en dehors de Bangui, la capitale, mais l’organisation a agi rapidement pour élargir ses opérations en 2014 et a étendu

L’intervention et les programmes de l’UNICEF ont été coordonnés avec les autres acteurs et l’envergure de ses perspectives a été très appréciée des parties prenantes. L’UNICEF s’est assuré que tous les groupes sectoriels dont il a dirigé l’action disposent d’un coordinateur sectoriel spécialisé et qu’ils se réunissent une fois par semaine. Ayant pris la direction des groupes sectoriels Eau, assainissement et hygiène (EAH/WASH), Éducation et Nutrition, ainsi que celle du sous-groupe sectoriel Protection de l’enfance, l’UNICEF est l’organisation qui a pesé du poids le plus lourd dans le dispositif des groupes sectoriels. Au sein de l’Équipe de pays pour l’action humanitaire, le représentant de l’UNICEF a représenté ces groupes catégoriels et l’organisation, permettant de prendre une vue d’ensemble plus complète, mais aussi de bénéficier d’une « double représentation ».

L’UNICEF a utilisé avec une efficacité relative un financement obtenu du Fonds central d’intervention pour les urgences humanitaires (FCIUH/CERF). L’organisation a soumis plusieurs propositions qui étaient bien alignées sur les directives du FCIUH concernant les interventions rapides et a fait état de la mise en œuvre réussie d’interventions d’importance vitale. Cependant, des délais dans le décaissement de ces fonds ainsi que pour mener à bonne fin les projets concernés ont affaibli la valeur prévue de ces fonds d’intervention rapide, et par conséquent leur efficacité. Le caractère approprié de certaines des propositions de l’UNICEF était contestable, et l’organisation a donné l’impression d’utiliser ce dispositif pour obtenir un financement à long terme supplémentaire au lieu d’utiliser ces fonds pour le lancement rapide d’activités d’importance vitale.

PRINCIPALES RECOMMANDATIONS

Les recommandations présentées sont les plus importantes à émerger de l’évaluation menée et elles sont destinées à l’UNICEF globalement et plus particulièrement au Bureau de pays. Les recommandations 1 et 2 concernent l’efficacité des programmes, 3, 4 et 5 la stratégie d’intervention. Fin 2015, un certain nombre de questions concernant les améliorations avaient été traitées et, à la date de rédaction du présent document, de nouvelles améliorations étaient en train d’être mises en œuvre ou d’être mises au point. L’évaluation conclut que les efforts consacrés à l’amélioration des résultats obtenus sur ces questions doivent être poursuivis, et que dans les domaines où l’UNICEF n’a pas eu des résultats aussi satisfaisants, des efforts supplémentaires sont nécessaires.

1° recommandation : l’UNICEF devra actualiser ses procédures d’analyse des risques et mettre en place des mesures de préparation adéquates dans tous les bureaux de pays qui font face à des situations d’urgence chroniques et complexes. Ceci est un point central pour assurer l’efficacité, la couverture et l’efficience des interventions d’urgence ultérieures. L’UNICEF devra en particulier envisager de : (i) renforcer ses capacités d’intervention en cas de déclaration de situation d’urgence de 2° niveau (L2) ; (ii) mettre au point des plans de préparation aux interventions qui incluent les questions suivantes : mobilisation des ressources, ressources humaines, capacités de direction, partenariats, approvisionnements et logistique, procédures d’achat accélérées, suivi et évaluation ; (iii) procéder précocement
et régulièrement à des analyses de situation et/ou à des analyses des risques stratégiques afin de pouvoir répondre à des situations d’urgence chroniques et complexes et se préparer à faire face ultérieurement à des phases potentielles d’urgence aggravée.

2e recommandation : à la lumière des leçons tirées de son expérience en République centrafricaine, l’UNICEF devra revoir son modèle de partenariat et sa fonction opérationnelle et envisager de : (i) réexaminer l’avantage comparatif présenté par le modèle de partenariat de l’UNICEF dans les situations d’urgence où les partenaires gouvernementaux et les partenaires des organisations non-gouvernementales internationales ne sont pas suffisamment disponibles pour mettre en œuvre les programmes ; (ii) définir un protocole de prestation directe, y compris par des équipes mobiles et des antennes de terrain quand les partenaires de réalisation sont absents, n’opèrent pas efficacement ou manque de capacités ; (iii) revoir ses dispositifs de gestion pour s’assurer que l’intégralité de la fonction opérationnelle soit mise en œuvre pour permettre aux programmes d’atteindre les résultats prévus dans une situation d’urgence.

3e recommandation : l’UNICEF devra mettre au point un plan d’intervention stratégique à long terme multidimensionnel pour répondre à la situation d’urgence chronique et complexe que connaît la République centrafricaine et appliquer une démarche de ce type dans les situations similaires. Ceci est nécessaire pour pouvoir renforcer la pertinence et la cohérence de ses activités, la coordination externe, la couverture réalisée et les liens avec les efforts de développement. Au niveau mondial, l’UNICEF devra fournir orientation et soutien à la mise au point de plans stratégiques destinés à répondre aux questions du développement, de relèvement et de résilience et de mise en œuvre d’activités de plaidoyer sur les droits humains dans les situations d’urgence chroniques et complexes, particulièrement dans les cas où les capacités des gouvernements concernés sont faibles. Les bureaux de pays confrontés à des situations d’urgence chroniques et complexes devront envisager de : (i) procéder à des analyses stratégiques pour définir les problèmes principaux qui se posent dans le domaine des programmes, le rôle des parties prenantes clefs dans l’intervention ainsi que l’avantage comparatif détenu par l’UNICEF ; (ii) préparer des plans de niveau national prenant en compte les questions de développement parallèlement à l’intervention humanitaire et faciliter un relèvement rapide.

4e recommandation : le Bureau de pays de la République centrafricaine devra envisager de : (i) mettre au point une stratégie de protection exhaustive pour faire face à la crise que connaît la RCA dans le domaine de la protection et des droits humains et informer celle-ci par une évaluation élargie de la question des droits ; (ii) mettre au point une stratégie de plaidoyer pour l’appuyer ; (iii) procéder à des évaluations exhaustives des besoins au niveau des ménages sur les sites occupés par les personnes déplacées à l’intérieur du pays afin d’évaluer, cibler et accorder la priorité aux besoins spécifiques des enfants et des familles vulnérables ; (iv) planifier ou plaider pour des investissements importants en faveur du renforcement de la cohésion sociale et de la promotion d’une culture de paix et de tolérance, particulièrement parmi les jeunes défavorisés qui sont vulnérables aux manipulations et exposés à être recrutés par des groupes armés.

5e recommandation : l’UNICEF devra mettre au point un cadre et un dispositif appropriés pour le suivi, l’évaluation et l’apprentissage qui facilitent la prise de décision stratégique, la responsabilisation envers les parties prenantes, et qui permettent de tirer les enseignements nécessaires aux améliorations en République centrafricaine. C’est un point essentiel pour renforcer la gestion stratégique de l’intervention qui fournira aux cadres de direction les informations nécessaires sur la qualité, la quantité et la ponctualité des progrès réalisés pour atteindre les résultats visés.
CHAPTER 1
INTRODUCTION
This is an evaluation of ‘UNICEF’s response and programme strategies’ in the Central African Republic from July 2013 to December 2014. The ‘response’ refers to UNICEF’s overall response to the situation in the country, ‘programmes’ are UNICEF’s interventions in each sector, and ‘strategies’ mean related planning, implementation and management.

UNICEF’s strategies were presented in several documents. In emergencies like that of the Central African Republic, UNICEF’s strategies are publicly described in the Humanitarian Action for Children (HAC) framework documents. UNICEF prepared a HAC for 2013, which it revised in May, and a HAC for 2014, which it revised in June. These strategies were produced by sector-based inter-agency planning in clusters. UNICEF then translated these strategies into detailed sectoral work-plans. UNICEF’s strategies also included its Country Programme 2012–2016, but this was suspended due to the emergency.

Table 1. Implementation by CCC Area

<table>
<thead>
<tr>
<th>Sector</th>
<th>Nutrition</th>
<th>Health</th>
<th>WASH</th>
<th>Child Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme</td>
<td>Emergency nutrition response to children affected by the crisis in CAR</td>
<td>Emergency child survival interventions to save lives of affected</td>
<td>Providing safe water, improved sanitation and hygiene promotion in areas affected by conflict.</td>
<td>Protecting boys and girls from family separation, violence, abuse, neglect, separation, recruitment and use by armed forces and groups</td>
</tr>
<tr>
<td>Total HAC req. in 2013 (US$)</td>
<td>4,676,673</td>
<td>7,923,423</td>
<td>9,216,748</td>
<td>6,536,300</td>
</tr>
<tr>
<td>Initial HAC req. 2014 (July 2014)</td>
<td>11,000,000</td>
<td>20,600,000 (Health and HIV)</td>
<td>17,400,000</td>
<td>12,000,000</td>
</tr>
<tr>
<td>Target beneficiaries</td>
<td>16,800 children aged 6-59 months affected by SAM; 6,000 women and 1,000 households</td>
<td>822,067 children under 5, 209,083 pregnant women and 885,000 IDPs nationwide</td>
<td>Children and women in affected areas</td>
<td>One million vulnerable children and their parents reached through a combination of child protection interventions</td>
</tr>
</tbody>
</table>

In support of its response and programme strategies, UNICEF activated special procedures to mobilize a corporate-wide response. At first, UNICEF declared a Level 2 (L2) emergency on 8 July 2013, and extended it on 17 October 2013.\(^1\) When the crisis intensified, it declared a L3 emergency on 9 December 2013, a day before Inter-Agency Standing Committee (IASC) Principals declared a system-wide L3 emergency.\(^2\) Under the UNICEF L3, the Regional Director of the West and Central Africa Regional Office (WCARO) was appointed as Global Emergency Coordinator (GEC) for the Central African Republic, deployment of an Immediate Response Team (IRT) in support of the Country Office was authorized, and a rolling Programme and Budget Review (PBR) was proposed to organize surge and longer-term staff. UNICEF extended the L3 status several times, on 24 March 2014, 10 September 2014 and 12 December 2014. A PBR was undertaken in April 2014. The L3 was terminated in the country on 9 May 2015.

**Rationale**

In a humanitarian crisis, UNICEF is committed to protecting the rights of children affected, through its CCCs in Humanitarian Action

<table>
<thead>
<tr>
<th>Education</th>
<th>Cross-cutting: AIDS, gender</th>
<th>RRM</th>
<th>C4D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education for children affected by conflict in the Central African Republic</td>
<td>HIV/AIDS prevention, care, and support to populations affected by the humanitarian crisis.</td>
<td>Supporting timely humanitarian assistance to children through the Rapid Response Mechanism</td>
<td>Promoting behaviour and social change for peacebuilding, child protection and survival in the Central African Republic</td>
</tr>
<tr>
<td>3,570,500</td>
<td>5,000,000 (*)</td>
<td>54,000,000 (*)</td>
<td>4,000,000 (*)</td>
</tr>
<tr>
<td>10,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children, teachers, community educators, and education authority’s staff in conflict-affected areas of CAR</td>
<td>8,769 HIV positive pregnant women, 6,642 new-borns and adolescent girls and boys</td>
<td>Children and families within 15 days of violence and displacement</td>
<td>Children and their parents living in IDP sites and host communities and groups at risk</td>
</tr>
<tr>
<td>Ministry of Education, Local Government, Local and international NGOs</td>
<td>ANJFAS, CARITAS Bossangoa, CARITAS Kaga-Bandoro, French Red Cross, Merlin/SCI, Ministry of Public Health, HIV/AIDS, MSF, UNFPA, UNAIDS, WHO</td>
<td>ACF, IRC, PUAMI, Solidarites, ACTED, with strong support from OCHA</td>
<td>Relevant Ministries, Community Radios Association (ARC), Mercy Corps, Search for Common Ground, Foundation Orange, Institut Panos, local youth NGOs.</td>
</tr>
</tbody>
</table>

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\(^1\) L2 is defined as a situation where the magnitude of the emergency is such that a Country Office needs additional and prioritized support from other parts of the organization (headquarters, Regional and Country Offices) to respond, and where the Regional Office (RO) must provide dedicated leadership and support. It is designed for the UNICEF Country Programme's response (sectors and cross-cutting areas) to be timely, appropriately assessed, and designed and executed according to the Core Commitments for Children in Humanitarian Action (CCCs).

\(^2\) L3 activates UNICEF's Simplified Standard Operating Procedures (SSOPs), with the objective to simplify, streamline and clarify UNICEF procedures related to emergencies and to enable an effective response to major emergencies. The SSOPs include 12 UNICEF business sectors in UNICEF. The magnitude of the emergency is such that global UNICEF support is required and a Global Emergency Coordinator is appointed.
framework. In the Central African Republic, UNICEF’s overall goals were both humanitarian (saving lives, meeting needs) and concerned with protection (maintaining a presence wherever possible).

In 2013, the response aimed to “respond to the humanitarian needs of 2,307,100 children, of whom over 163,200 were under age 5, providing live-saving support in emergency health, HIV/AIDS, nutrition, protection, and water and sanitation support in partnership with NGOs present on the ground” (HAC May 2013).

In 2014, UNICEF aimed to scale up its response. After the declaration of an L3 emergency, UNICEF’s emphasis shifted to “strengthen[ing] its field presence in the Central African Republic and its capacity to accelerate the delivery of humanitarian assistance through surge deployments and the recruitment of programme and logistics staff” (January 2014).

In both years, UNICEF’s approach relied on implementing a package of core programme activities. In 2013, this package included (HAC May 2013): rapid assessments in affected areas to plan and deliver immediate support for vulnerable populations; pre-positioning of supplies for rapid distribution; providing clean water for children and women to prevent the spread of waterborne diseases; taking actions to prevent grave violations of children’s rights; and providing guidance and coordination of clusters (nutrition, WASH, education, also child protection) to identify and meet needs. In operational terms, UNICEF sought to quickly scale up its response with a focus on where children’s needs were greatest.

In 2014, the package (HAC January 2014) included life-saving interventions to address diseases, malnutrition and risks faced by displaced populations; the Rapid Response Mechanism (RRM) to provide non-food items to at least 120,000 displaced people; and child protection efforts to identify, release, integrate and rehabilitate all children associated with armed groups. In operational terms, this meant UNICEF strengthening its field presence by reinforcing staff in established field offices (Bossangoa, Bambari and Kaga Bandoro) and coordinating outreach strategies along key axes in the west and centre of the country. It also meant UNICEF strengthening its dedicated cluster capacities.

**Implementation**

UNICEF’s programmes were implemented through implementing partners and coordinated with clusters. Most of UNICEF programmes were implemented through partners: international non-governmental organizations (INGOs), functioning state institutions, and national non-governmental organizations (NNGOs). They were coordinated with clusters, mostly UNICEF-led clusters: WASH, nutrition, education and the child protection sub-cluster. Some activities were implemented directly, through the UNICEF-led RRM (see Box 1 on RRM), which was launched in 2012 and gathered pace in 2013, and by field offices. UNICEF’s strategies were elaborated in more detail at the level of each programme, and reported in May 2014.

UNICEF’s strategic objectives were to meet a handful of ‘high-impact’ targets, as outlined below, in Table 2.

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4 UNICEF CAR sitrep Internal, 2 January 2014.

5 UNICEF CAR sitrep Internal, 2 February 2014.

Table 2. UNICEF Central African Republic Response Plan Targets and Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people that access basic health services and medicines in the affected areas</td>
<td>2,000,000 (from June 2014)</td>
</tr>
<tr>
<td>Number of children under 5 provided with vitamin A</td>
<td>740,000 (from June 2014)</td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against measles</td>
<td>739,000 (from January 2014)</td>
</tr>
<tr>
<td>Number of affected people that have access to improved sources of water</td>
<td>700,000 (from June 2014)</td>
</tr>
<tr>
<td>Number of children who benefited from education supplies and play materials</td>
<td>400,000 (from January 2014)</td>
</tr>
<tr>
<td>Number of children benefiting from various child protection and HIV services</td>
<td>&gt;2,000 (from January 2014)</td>
</tr>
</tbody>
</table>

1.1 CONTEXT

During the period under evaluation, UNICEF was confronted with a complex emergency, escalating humanitarian needs, minimal government and non-governmental organization (NGO) capacity, global pressure to respond at scale, and multiple operational constraints such as security, access, capacity and funding barriers. In July 2013, the starting point for this evaluation, the Central African Republic was facing a chronic crisis in human development and governance. The country ranked third lowest in the United Nations Development Programme’s (UNDP) Human Development Index, placing it 185 out of 187 countries and territories. With life expectancy at 50.18 and mean years of schooling at 3.54 years, its indicators for health and education were consistently low. According to UNICEF, the Central African Republic was experiencing a ‘chronic and silent structural emergency’, reflected in a very high level of poverty (63 per cent of the population under the poverty line), one of the lowest life expectancies, 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).

The country had long suffered from weak governance. Since independence, its citizens have endured several coups d’état. The first elected president, Ange-Félix Patassé, was ousted in 2003 by General François Bozizé, who was ousted a decade later by Michel Djotodia, whose short-lived presidency lasted from March 2013 until January 2014. These coups were accompanied by corruption, breaches of human rights, repression of free political expression, nepotism, lack of development and disregard of 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. After December 2012, it experienced the collapse of an aid-dependent state; a formal economy destroyed with serious investors deterred; and social services barely existent and subcontracted to donors and their operators, the NGOs. In January 2014, following deadly intercommunal violence in Bangui, a government of transition, led by the interim President Catherine Samba-Panza,

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10 UN Security Council, letter dated 26 June 2014 from the Secretary-General addressed to the President of the Security Council.
was put in place to govern the country for 18 months, amend the constitution and hold elections.

Protection crisis
In 2013, the Central African Republic suffered a growing violent conflict, atrocity crimes and other serious rights violations, which are widely described as a ‘protection crisis’. In December 2012, the Séléka coalition of three rebel groups took control of the country’s north and centre, and in March 2013 overran Bangui and seized power. During this time, Séléka forces (many of them from neighbouring Chad and Sudan) committed wanton violence, looting, destruction and killings, especially after they took power, quickly making the Djotodia regime very unpopular. Other forces and armed militia led by the remnants of the State’s armed forces and self-defence groups known as anti-balaka reorganized themselves to confront the Séléka. The situation quickly degenerated into attacks carried out in retaliation and for vengeance by both sides (UNSC June 2014). The many atrocities committed by both militias provoked fierce community tensions and systematic targeting of Muslims in Bangui and the west of the country and destroyed an already declining economy (International Crisis Group June 2014).

The crisis elicited international alarm in some quarters. In November 2013, France warned that the Central African Republic was ‘on the verge of genocide’ and the United Nations Secretary-General said further tension “might well lead to uncontrollable sectarian violence with untold consequences for the country, the subregion and beyond.” Indeed both the Séléka and anti-balaka stand accused of violations of international human rights and international humanitarian law, including violations of the right to property (pillage and destruction). The Séléka are further accused of extrajudicial executions, killings and assassinations; indiscriminate and targeted killing of civilians; mass executions and mass graves; and sexual and gender-based violence. The anti-balaka are also accused of killings and ethnic cleansing (UNSC June 2014).

Mass displacement
The violence provoked major displacements of population. By May 2013, UNICEF noted the entire population of the Central African Republic, some 4.6 million people, was either directly or indirectly affected by the crisis, 50 per cent of whom are children. Displacement continued throughout the country as families sought safer spaces away from attacks and violence. Between March 2013 and January 2014, displacement figures increased significantly, until around 958,000 people (20 per cent of the nation’s population) were believed to be internally displaced by the conflict. Displacement took place in both rural and urban areas, especially Bangui, Bossangoa and Kaga Bandoro. The duration of the displacements varied.

Unlike previous crises, many internally displaced persons sought refuge in camp-like and spontaneous settlements in Bangui – where up to 100,000 IDPs gathered at the international airport – and also in the provinces. Some populations fled into the bush. In December 2013, Save the Children noted that violence had forced many communities throughout the country to flee into the bush, where many had died from untreated common illnesses such malaria and diarrhoea, the majority of them children.

In August 2014, UNICEF reported that some populations remained in the bush

living in dire circumstances, following reports of 25 deaths in Nana-Gribizi prefecture.

At the same time, the number of refugees in the four neighbouring States of Cameroon, Chad, the Congo and the Democratic Republic of the Congo rose from 246,000 in January to 349,452 at the beginning of May 2014.\(^{15}\)

**Muslim displacement**

When Séléka forces withdrew from western areas under military pressure from French peacekeeping forces, Muslims were left at the mercy of the anti-balaka. Tens of thousands of Muslims fled for their lives to Cameroon or other areas of the country. Villages were emptied of their Muslim populations, homes were looted and mosques torched. Thousands found safety at Catholic parishes, military bases of African Union and French peacekeepers, and in Muslim neighbourhoods. Anti-balaka 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 Muslim communities in the Central African Republic.\(^{16}\)

Muslims who remained in the Central African Republic were trapped in ‘enclaves’, under the protection of peacekeepers, with limited freedom of movement and under constant risk of attack. Serious challenges to property rights existed after homes and agricultural fields were vacated, and the total scale of protection violations and abuses remains

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unknown. In Bangui, the Muslim population dropped from some 145,000 to just 900. Amnesty International called it “ethnic cleansing,” warned of a Muslim exodus of historic proportions, and criticized international peacekeepers for failing to prevent it. By March 2014, UNICEF reported Muslim enclaves were continuously threatened by anti-balaka forces, and concerns persisted for Bangui’s 5th and 3rd arrondissements where the Muslim population remained subject to serious threats to their lives.

Children unprotected
UNICEF reported that some 2 million children were affected by the crisis, with some affected directly. In November 2013, UNICEF reported that 3,500 children were recruited and/or used by armed groups in the Central African Republic during the fighting in the first half of 2013. A UNICEF summary of threats to child rights in December 2013 highlighted birth registration, carers affected by conflict, attacks on children, vulnerable children and gender-based violence (GBV). According to the Multiple Indicator Cluster Survey (MICS) 2010, 4 children out of 10 are not registered at birth in the Central African Republic. The capacity of families and communities to care for and protect children was greatly eroded by continuous cycles of conflict, chronic poverty and low basic social service coverage. With communities turned against each other, violations against children had sunk to new depths of brutality as “children have been maimed and killed, sexually abused and recruited and used by armed groups and local militias.” The most vulnerable children were those who had fled their homes and were unaccompanied or separated from their families, as well the children of Muslims besieged and threatened by armed militia. High levels of sexual violence were reported, including the use of rape against women and girls to terrorize communities and break family ties. An independent review commissioned by the United Nations later found cases of sexual abuse of children by international peacekeeping forces in an internally displaced person (IDP) site. The United Nations has since responded to the report, and has taken action to implement a number of the recommendations. As a follow-up to the recommendations, UNICEF has instituted a new system of reporting to improve internal oversight of response to reports of abuse. A new process is also being instituted that requires more formal and systematic reporting by implementing partners on the support they are providing to child sexual abuse victims, and this will periodically be followed up and reviewed by UNICEF.

Humanitarian needs
Humanitarian needs escalated dramatically during the crisis. At the beginning of 2013, the Office for the Coordination of Humanitarian Affairs (OCHA) had estimated 663,520 people were in need, especially IDPs, rural refugees living in camps, IDP returnees, refugee returnees, urban refugees and asylum seekers, and the resident population. By December, OCHA reported the entire population, estimated at 4.6 million, was directly or indirectly affected by the crisis, and almost half were in need of humanitarian assistance. Priority needs were identified as: (i) multi-sector/cluster assistance to IDPs and other priority

17 NGOs, ‘Central African Republic: No more half measures’, 26 September 2014.
19 UNICEF CAR sitrep internal.docx, 5 December 2013.
20 UNICEF CAR Four Month Report, May 2014.
populations, and (ii) protection, which would be the ‘main driver’ of the response.\textsuperscript{24}

By January 2014, OCHA highlighted the following:\textsuperscript{25}

- Extent of displacement: 902,000 internally displaced persons in the Central African Republic, 478,000 in Bangui alone.
- Lack of health services and medication: two thirds of the population with no access to health care, 80 per cent of health workers displaced and 50 per cent of health facilities looted.
- Protection concerns hamper livelihoods: 9 of 10 communities in affected areas reported security incidents in last three months; 32 per cent surveyed reported risk of rape while fetching wood or water.
- Extremely poor water, hygiene and sanitation conditions: in Bangui displacement sites, on average one latrine for 1,200 persons.
- Targeted violence: growing faith-based polarization and an apparent rise in targeted violence against minority populations.

**Wider response**

In 2013, the international community was assisting the Central African Republic through development and humanitarian channels. A Poverty Reduction Strategy Paper (PRSP) had been adopted in September 2007, and international donors had been mobilized around its objectives. By 2009, 66 per cent of the US$1.3 billion PRSP budget was allocated to economic recovery and diversification, and 23 per cent to development of human capital. The Government and the United Nations Country Team (UNCT) also prepared a United Nations Development Assistance Framework (UNDAF) for 2012–2016, taking an integrated approach to peacebuilding and development. It proposed three overarching outcomes:\textsuperscript{26} security sector reform, good governance, and rule of law and protection of human rights.

At the same time, the United Nations continued to develop annual humanitarian programmes. In 2012, the UNCT’s Consolidated Appeals Process (CAP) had received US$76.3 million by mid-November, 62 per cent of the total requirements (OCHA CAP 2013). For 2013, the CAP requested US$129.3 million to support 102 projects that addressed the needs of the most vulnerable people according to established prioritization criteria, in order to provide life-saving assistance for people affected by emergencies and to stabilize livelihoods through integrated recovery activities.

**Government plans**

After Séléka rebels suspended the Constitution and dissolved parliament in March 2013, a transitional government of national unity was established in July 2013. A constitutional charter was also called for the development of a road map to guide national policy. In August 2013, the government drafted a plan for responding to the emergency and promoting durable recovery, covering these aspects: (i) security, peace, governance and the rule of law; (iii) civil protection and civil administration; (ii) essential services, HIV/AIDS and the environment; and (iv) economic and financial reforms, and promoting growth. It concluded with an action plan, and a strategy for mobilizing both internal and external resources.\textsuperscript{27}

However, in October 2013, the emergency and recovery plan was presented as an operational road map with these revised four pillars: restoring security and consolidating

\textsuperscript{26} Plan Cadre des Nations Unies pour l’aide au développement de la République centrafricaine, UNDAF+ 2012–2016.
\textsuperscript{27} République centrafricaine, Projet de Programme d’urgence et de relèvement durable 2013–2015, draft, August 2013.
peace; humanitarian assistance; politics and governance; and economic revival. Aimed at building the foundations of a new Central African Republic, the road map requested US$440 million, including US$117 million for humanitarian assistance focused on the return of displaced persons and re-establishing basic services.

Emergency response

When the crisis engulfed Bangui in December 2013, the United Nations declared a system-wide L3 emergency. On 10 December, the Inter-Agency Standing Committee (IASC), the primary mechanism for inter-agency coordination of humanitarian assistance, declared a system-wide L3 emergency in the Central African Republic. It was also reported that a new Senior Humanitarian Coordinator would be deployed, an additional US$10 million in CERF funding allocated, the Accountability to Affected Populations (AAP) framework applied, and the Human Rights up Front agenda engaged.

Within a week, the UNCT began implementing a humanitarian action plan. The 100 Day Action Plan for Priority Humanitarian Action in the Central African Republic maintained strategic objectives being set for the 2014 Strategic Response Plan (SRP, previously the CAP), and sought to rapidly scale up the humanitarian response to halt the deterioration of the situation. It requested US$152.2 million and identified 2.2 million people in need of humanitarian assistance, including 639,000 internally displaced persons (OCHA December 2013). Its objectives were to: (i) provide integrated life-saving assistance to people in need as a result of the continuing political and security crisis, particularly IDPs and their host communities; (ii) reinforce the protection of civilians, including of their fundamental human rights, in particular regarding women and children; and (iii) rebuild affected communities’ resilience to withstand shocks and address inter-religious and intercommunity conflicts.

By January 2014, the HCT produced its revised 2014 SRP. Estimating that 2.5 million people needed humanitarian aid (54.3 per cent of the total population), it targeted 1.8 million people (40 per cent of the total population) for the year. 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) provision of life-saving humanitarian, multi-sectoral packages to IDPs and host communities, migrants and returning persons; (ii) protection from harm of conflict-affected people, specifically vulnerable groups (e.g., women, single-headed households, migrants, unaccompanied children and the elderly); (iii) access to basic services of returnees and other affected people; and (iv) restoration of resilience to affected communities. For this, it requested a total of US$551.3 million, with the largest amounts reserved for food security, protection, early recovery and health.

The United Nations-led response in the Central African Republic was criticized as weak by INGOs. In late 2014, these organizations called for improvements in the international response, providing recommendations to United Nations Member States and to the

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

29 The Human Rights up Front (HRuF) initiative, launched by the United Nations Secretary-General in late 2013, seeks to ensure that the UN system takes early and effective action to prevent or respond to large-scale violations of human rights or international humanitarian law, and that human rights and the protection of civilians are seen as a system-wide core responsibility. See United Nations website, <www.un.org/sg/rightsupfront/>.
United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), the United Nations peacekeeping force (NGOs 2014). One NGO representative urged the aid system to commit to the Central African Republic for a longer period, as the only way to establish appropriate expertise and presence countrywide and be able to respond to the enormous needs of the population, saying, “As long as half measures remain the status quo, the people of the Central African Republic will continue living under the shadow of violence and displacement.”

Operational constraints
The inter-agency response faced multiple constraints to operations in the Central African Republic. The UNICEF CO reported consistently on security, access, capacity and funding barriers. Most notably, the international response was constrained by a volatile and complex security situation. During 2013, Séléka forces committed attacks, murders, thefts and burned villages in the north-west of the country and elsewhere. Violent conflicts between Séléka and armed civilians escalated into heavy fighting concentrated in northern Bangui. This ongoing insecurity reduced the mobility of UNICEF and its partners in and outside Bangui; repeatedly interrupted transport of supplies and access to warehouses, disrupted the supply chain to field offices and caused displacement of implementing partners’ national staff charged with distributions. In September 2013, a truck drivers’ strike in Cameroon over security risks for drivers halted the overland supply pipeline into the Central African Republic. From January 2014, security in Bangui improved, but clashes continued between international forces and criminal elements as well as armed Muslims in the PK5 Muslim district of Bangui, until the arrival in September 2014 of MINUSCA, a force deployed throughout the country with a mandate to protect civilians. After September 2014, armed groups proliferated in Bangui and appeared to target United Nations (MINUSCA, UNICEF, UNHCR) and Red Cross vehicles, and the security situation remained volatile throughout the country.

The humanitarian response faced multiple barriers to accessing people in need. During 2013, humanitarian actors faced (i) a lack of physical access to Séléka-controlled areas due to the presence of active armed groups; (ii) a lack of physical access to areas outside of Bangui due to blockages of outgoing routes by government police and military; (iii) an inability to provide essential services and non-food items (NFIs) to affected populations in most areas due to the risk of pillaging; and (iv) the challenge of physical access to internally displaced persons, especially those dispersed in remote rural locations, farms and the bush. During 2014, humanitarian organizations continued to face serious challenges reaching communities in the interior due to insecurity and limited capacity, as well as serious fuel shortages that limited all logistics and transportation for the response (e.g., United Nations Humanitarian Air Service [UNHAS] flights were cancelled from 23 to 27 April 2014).

The humanitarian response also had to deal with a collapsed state and persistent capacity gaps. By November 2013, many public service providers and civil servants who had fled due to violence had not been paid, and lacked incentives to return to their posts. The banking system was not operational outside of Bangui, hindering payments for services in other parts of the country. The infrastructure had deteriorated, leaving many roads inaccessible during the rainy season, and the northern Vakaga region was completely inaccessible. Throughout the country, bridges were destroyed, state offices looted and petrol

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stations were not working. By January 2014, the response struggled with limited state capacity, continued shortfalls in NGO capacity and staffing, and a general insufficiency of partners in every sector that reportedly limited the ability to reach communities in the interior.

UNICEF considered funding to be a major constraint. By September 2013, UNICEF had nearly tripled its 2013 emergency appeal from US$11.5 to US$31.9 million, but received around US$11 million, leaving a gap of US$21 million through the end of the year. By the end of 2014, UNICEF reported that, due to a critical lack of funding and insecurity, two out of five children in the Central African Republic do not receive the humanitarian aid they need.\(^{31}\)

1.2 PURPOSE

This evaluation follows the declaration of the L3 emergency procedure for the Central African Republic in December 2013. It serves the primary purposes listed in the terms of reference (ToR) (see Annex 1), as follows: (i) a formative purpose, to ‘Inform UNICEF’s programming (in CAR) for 2015/2016 as well as the L3 transition strategy’, (ii) a summative purpose, to ‘Provide impartial evidence and generate information on how UNICEF has responded to the crisis since July 2013 to December 2014’, and (iii) an advisory purpose, to ‘Examine the application of the L3 procedures in supporting the response, including

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the role of headquarters (HQ) and the Regional Office (RO), and provide practical and actionable recommendations on the L3 transition strategy’. It should be noted that actually the evaluation period was extended into 2015, for various reasons.

Three user-focused objectives were established at the inception phase:

1. A strategic objective: To provide well-founded recommendations to the Representative Country Office (Rep/CO) and the General Emergency Coordinator (GEC)/RO for developing the Central African Republic response, programme strategies and components in 2015;

2. An accountability objective: To provide an impartial assessment of the response, programme strategies and components for UNICEF’s response partners and oversight function; and

3. A learning objective: To explain lessons learned, strengths and areas for improvement in the response and to enable knowledge managers to understand effectiveness and main factors.

The period evaluated is from July 2013 to December 2014, coinciding with the declaration of the L2 emergency in July 2013 and the declaration of an L3 emergency in December 2013. Data were collected in February and March 2015, so most findings remain relevant into 2015. Although refugees have fled to neighbouring countries, the geographical scope of the evaluation was restricted to the Central African Republic and focused on towns where UNICEF programmes were concentrated, in particular Bangui, Bossangoa and Bambari.

The evaluation focus was refined at the inception phase through wide-ranging initial consultations with some 36 people at CO, RO and headquarters levels. While the ToR initially proposed 49 detailed evaluation questions, the evaluators grouped these into the eight key evaluation questions that follow and developed an analytical framework to rationalize and limit the scope. In practice, the Evaluation Team addressed all questions as far as possible, focusing more on some than on others, and reporting limitations in each case.

Key Evaluation Questions

1. How relevant/appropriate were the response and programme strategies?
2. How coherent were the response and programme strategies?
3. How well-covered were needs of affected populations?
4. How effectively were programmes delivered?
5. How efficiently were programmes delivered?
6. How effectively did the response use CERF funding?
7. How effectively was the response coordinated?
8. How sustainable (connected with longer-term development goals) was the response?

During consultations, it was also determined that the evaluation should focus at the higher strategic level and the larger questions raised by the response, more than on the technical details of each programme, financial efficiency and L3 procedures, with a view to determining the extent to which this was the right response.

1.3 METHODOLOGY

The evaluation was conducted in three stages during 2015. At the inception stage (January–February 2015), the Evaluation Team refined the design, engaged users and defined stakeholders; conducted a document review; and carried out global-level interviews. At the field research stage (March 2015), the Evaluation Team conducted structured consultations in the Central African Republic with CO managers, implementing partners, strategic partners and intended beneficiaries. In the
analysis and reporting stage (April–October 2015), the team conducted two levels of analysis, drafted the report according to guidelines, invited reflection and validation from users, and finalized the report.

**Stakeholder consultation**

A stakeholder analysis was conducted at the inception phase, to inform a structured consultation of stakeholders. It identified three categories of primary stakeholders in the UNICEF/CAR response: (1) implementers, including the UNICEF CO, the UNICEF RO and UNICEF headquarters and implementing partners; (2) strategic partners, including government and humanitarian actors; and (3) beneficiaries, including children and intended beneficiaries, and representatives of the affected population.

Consultations with UNICEF and strategic partners were conducted through managers and nominated representatives, whereas consultations with implementing partners and beneficiaries relied on purposive sampling. For implementing partners, the Evaluation Team selected 15 implementing partners according to budget size and across seven programmes that UNICEF was supporting. Sixty beneficiaries were consulted in three provincial cities: Bangui, Bossangoa and Bambari. Within these towns, the Evaluation Team spoke to a range of individuals at the community level, including displaced persons and hosts; males and females; Muslims and Christians; and children and young people.

A total of 120 stakeholders were consulted (see Annex 3), including implementers (CO, RO/headquarters, implementing partners), strategic partners and beneficiaries. All implementers and strategic partners and some beneficiaries were consulted using in-depth interviews. Other beneficiaries were consulted in focus groups or in participatory classroom discussions. Stakeholders in the Central African Republic were consulted through face-to-face interviews, and international stakeholders or former staff in the country through Skype and telephone discussions. The primary approach to stakeholder consultation was therefore qualitative, relying on in-depth interviews and semi-structured discussions. In addition, an opinion polling exercise (see Annex 2) was conducted among the institutional respondents, to provide a quantitative aspect and to inform the team’s evaluative assessments.

**Analytical strategy**

The evaluation applies Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) evaluation criteria adapted by ALNAP for the evaluation of humanitarian action: relevance/appropriateness; coherence; coverage; effectiveness; efficiency; and connectedness. While not a ‘formal’ DAC criterion, coordination is applied in the evaluation in relation to policy and practices promoted by the Inter-Agency Standing Committee (IASC). Coherence, a concept usually applied to consistency between humanitarian, security, developmental, trade and military policies, is here used to look at consistency between

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33 Coordination is defined as: ‘the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. Such instruments include strategic planning, gathering data and managing information, mobilising resources and ensuring accountability, orchestrating a functional division of labour, negotiating and maintaining a serviceable framework with host political authorities and providing leadership’, Minear, et al., 1992.

34 The Inter-Agency Standing Committee (IASC) is a unique inter-agency forum for coordination, policy development and decision-making involving the key UN and non-UN humanitarian partners. The IASC was established in June 1992 in response to United Nations General Assembly resolution 46/182 on the strengthening of humanitarian assistance. General Assembly resolution 48/57 affirmed its role as the primary mechanism for inter-agency coordination of humanitarian assistance.
UNICEF programmes. As in most humanitarian evaluations, sustainability is replaced with ‘connectedness’, and impact is not assessed.

In addressing each question, the Evaluation Team tried to refer to relevant norms and standards to assess the UNICEF response. In assessing the response strategy, we considered UNICEF’s mission statement and the associated long-term interests of children, and in assessing programme strategies, we used UNICEF’s CCCs, which include “benchmarks and norms that reflect globally accepted standards for the different programmatic interventions.” In assessing coordination, the Evaluation Team sought to use IASC guidelines, cluster strategies and indicators, and in assessing utilization of the Central Emergency Response Fund, the team used CERF rules and guidelines.

The analysis relied on source triangulation, method triangulation and analyst triangulation to address each key evaluation question. The analysis was conducted in stages: (i) source triangulation (balance of evidence), by detailed analysis of data collected within each stakeholder group (resulting in four separate reports); (ii) method triangulation, by synthesis analysis of detailed findings from across stakeholder groups, document review, polling data and data analysis (presented in this report); and (iii) analyst triangulation, by team members’ review of all text.

**Data collection and analysis**

The evaluation assesses UNICEF’s response and programmes in relation to UNICEF’s mission and CCCs, and other rights frameworks, policy commitments and implementation guidelines. Questions included specifically cover human rights, rights of the child, gender equality, inclusion and equity.

Data collection used a combination of document review, stakeholder consultation and field research. The document review was conducted during the inception phase and produced detailed findings through an initial assessment of more than 200 documents, a detailed review of a smaller selection, and a mix of qualitative and quantitative analysis. The stakeholder consultation was done by telephone and Skype at the global level. Face-to-face stakeholder consultations were undertaken in the Central African Republic, using in-depth interviews to consult implementers and strategic partners and some beneficiaries, while focus groups and participatory classroom discussions were used to consult other beneficiaries. Field visits were conducted in three emergency-affected urban centres: Bangui, Bossangoa and Bambari. Within these towns, the Evaluation Team sought to speak to a range of individuals at the community level, including displaced persons and hosts; males and females; Muslims and Christians; and children and young people. An opinion polling exercise was also conducted among some stakeholders (see Annex 2).

The evaluation process itself was informed by a user analysis, which categorized people involved in the process by the following criteria: interest in the evaluation, and importance to the evaluation process in terms of facilitation, data collection and analysis. The process benefited from high levels of participation from all these stakeholders, and remarkably open and constructive engagement by UNICEF staff at all levels, the CO level in particular, including former staff. Many gave hours of their time to address the wide scope of questions. The participants themselves seemed eager to make sense of events, understand the real value of UNICEF’s response and draw practical lessons.

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35 ‘Connectedness refers to the need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account’, ALNAP, 2006.

Limitations

The evaluation faced several important limitations and challenges. First, evaluating the UNICEF response and programme strategy in the Central African Republic was complicated by the absence of a result/outcome-oriented monitoring and evaluation system. Without a strategic monitoring and evaluation framework to assess UNICEF's response to the country's complex emergency, the scope of the evaluation spiralled to address 49 sub-questions and 8 ALNAP criteria. Without a data collection and analysis system to support strategic assessment, the evaluation was required to examine far more technical detail than expected to reach substantive findings at the strategic level. In addition, related data and documentation were dispersed within UNICEF, requiring a specialist to collect it from across the organization, and requiring an assessment of more than 200 documents.

For the programme results included this report, data are an accumulation of inputs provided by UNICEF partners on an agreed set of high-frequency output indicators. The CO noted that while a lot of effort is made to validate the data, this is not always possible at the height of an emergency due to insecurity, lack of access and competing priorities by programme staff working to scale up the response. Every effort is made to avoid double counting, but over-reporting due to duplication is inevitable. The reverse is also true – in some instances, there is under-reporting due to a number of challenges, including difficulties of partners transmitting the data on time and low overall reporting rates. The Evaluation Team did not independently validate the programme data provided by UNICEF to determine the extent to which these were an accurate representation of results achieved by UNICEF and partners, but noted that UNICEF continued to work with its implementing partners to improve monitoring and reporting of results.

Second, providing a strategic assessment was complicated by the breadth of UNICEF's programme activities, the technical specificities of each, the lack of strategic monitoring and evaluation, and the remarkably few people able to speak from a strategic multi-programme perspective. The evaluation questions themselves required consultation of institutional actors with specific technical knowledge, and introduced a bias against the informed participation of Central African civil society or members of the affected population without technical knowledge of UNICEF processes. Another bias was introduced by technical specialization and programme silos, such that surprisingly few UNICEF respondents could talk in comprehensive terms about the response. Causality is considered in relation to effectiveness, by considering which factors were most important in driving achievement of results, with a view to advising UNICEF where to invest efforts to achieve better results. It was not possible to apply counterfactuals in this evaluation.

Third, the evaluation did not conduct a specific analysis of gender issues. In general, our approach has focused on 'vulnerability', of which gender is one factor; the need for sex and age disaggregated data (SADD) along with better data; and 'equity', of which gender is one element. Fourth, the Evaluation Team consulted communities through focus group discussions, which were constrained by limited time and access, the technical focus of most evaluation questions, a lack of knowledge among beneficiaries of UNICEF's role, and difficulty in discussing the past perfect instead of the present.

About the report

The report is presented in a sequential manner: executive summary, introduction, main findings, conclusion and recommendations. We also sought to organize the main findings in a logical order: strategy (sections 1–4), effectiveness (sections 5–6), and coordination (sections 7–8). The findings are presented by topic, in a manner intended to be usable and easily referenced, rather than as a sequential narrative. In each paragraph, the finding is presented in the first sentence, and supporting evidence is presented in the body of the paragraph.
CHAPTER 2
MAIN FINDINGS
2.1 RELEVANCE/APPROPRIATENESS

UNICEF’s response and programme strategies were relevant and appropriate. UNICEF’s plans were well aligned with United Nations plans and the CCCs. The organization reacted to major constraints, its advocacy contributed to protection and its strategy was relevant to some rights of the child. But its strategy was also poorly informed by needs assessments, accountability to beneficiaries, communication with affected communities, specific vulnerabilities, people with disabilities and donor preferences.

The opinion poll conducted during the stakeholder consultations shows that institutional stakeholders\(^\text{37}\) generally agree that UNICEF’s response was “the right response,” with an overall majority of respondents (32/52) agreeing and only 1 in disagreement (Figure 3). Interestingly, implementing partners are much more convinced than others (13/22 agree strongly), and UNICEF respondents least convinced of all (10/17 neither agree nor disagree), reflecting some doubts about UNICEF’s strategic direction. According to a correlation analysis, UNICEF’s response is considered “the right response” primarily because of these three elements: rights advocacy, addressing needs and coordination with others. Other factors contributed less decisively.

\(^{37}\) For this evaluation, institutional stakeholders include UNICEF, its implementing partners and strategic partners (government and humanitarian actors).
**EQ 1.1** How aligned were the relevant planning and policy frameworks, with (a) the Transitional Government Authority wider response plan and that of key actors in the country, and with (b) the various operational realities necessary for enabling an effective and efficient response?

Alignment with government plans

UNICEF’s regular programme 2012–2016 remained formally aligned with government plans. UNICEF’s programme was considered void in early 2013 with the dissolution of the Bozizé government, yet remained the formal framework for bilateral cooperation between UNICEF and the government. A biannual review within this framework recognized that the government remained distant from planning and monitoring of UNICEF’s emergency response, and discussed ways to address this. Moreover, the government had long questioned UNICEF’s reliance on NGO implementing partners, requesting greater collaboration by UNICEF with government structures and funding arrangements.

Accordingly, the poll (Figure 4 below) shows that institutional stakeholders expressed very mixed views as to whether ‘UNICEF supported transitional government priorities’ (more details can be found in Annex 2).

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**Figure 4. Response by stakeholder groups as to whether or not UNICEF supported transitional government priorities**

- UNICEF worked with other agencies to meet needs
- UNICEF promoted national recovery and reconstruction
- UNICEF’s programmes combined to meet multiple needs
- UNICEF helped the people in greatest need
- UNICEF adapted to constraints, like insecurity and state collapse
- UNICEF responded to emergency needs
- UNICEF advocated for children’s rights
- UNICEF supported transitional government priorities
- UNICEF supported peace and development

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39 The ‘Management Committee in charge of the humanitarian crises in CAR’, and the ‘national coordination mechanism of multi-donor support for programs and projects’ (Coordination nationale des aides multibailleurs aux programmes et projets – CNAMPP).
Given the need to focus on emergency response, the UNICEF CO found it difficult to find viable government plans to align with the HAC. UNICEF and others distanced themselves from government plans during this time. In 2013, the UNICEF CO found that the Djotodia government plans provided no political direction and the government lacked technical expertise\(^{40}\) so UNICEF sections developed their own technical plans and UN organizations developed a six-month emergency plan. These were later agreed by the government. UNICEF and implementing partners also found the transitional government lacked capacity, and that it was appropriate for international actors to lead the planning. An emergency plan was needed when the government collapsed in December 2013, so priority was given to implementing the CCCs. Attempts were made to align plans with the installation of the transitional government in 2014, but UNICEF still had to play a strong role.

Nevertheless, UNICEF continued to engage extensively with the government. The UNICEF CO involved the government in developing and approving all its plans for this period. In some ministries, there was little change at the technical level. UNICEF continued to engage where feasible with the Transitional National Authority, in particular in areas of health and urban water supply.\(^{41}\) Narratives accompanying UNICEF’s 2013 scale-up plan and subsequent 2014 plan commit strongly to collaboration with ministries in service delivery, and support for government technical staff.

Alignment with United Nations/ Humanitarian Country Team plans\(^{42}\)

UNICEF’s Humanitarian Action for Children (HAC) plans were well aligned with the HCT’s Strategic Response Plan (SRP), and targets were set at the level of humanitarian clusters. By this process, UNICEF took on large sectoral responsibilities, filling gaps that other actors in the country could not meet, especially in the sectors where UNICEF was the lead.

Alignment with the SRP implied certain strategic weaknesses. Until a Senior Humanitarian Coordinator (SHC) arrived in December 2013, the HCT provided weak coordination, leadership and vision to the United Nations system, including UNICEF. After the L2 declaration, UNICEF and other UN organizations invested much effort in the SRP process but perceived little gain in terms of strategy or funding. By December 2013, SRP plans were overtaken by events. Based on unreliable data on needs, they offered no clear direction.

The HCT’s 100 Day Plan was not fully aligned with the SRP. In November 2013, the 100 Day Plan was prepared with the aim of clearly defining the roles and responsibilities of different organizations in the response. However, the 100 Day Plan was prepared while SRP planning was already under way, and while both processes were conducted for different purposes, this increased the burden on UNICEF and stretched its capacities. As a result, UNICEF found itself acting outside the 100 Day Plan requirements, and surprised when targets were raised in the SRP.

Appropriateness to operational realities

UNICEF’s response seemed to face intractable constraints. A number of CO respondents stress that UNICEF plans were confounded by changing events and external constraints, and question whether these challenges were fully understood by the RO, headquarters and donors. CO respondents emphasize insecurity.

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\(^{40}\) See Republique centrafricaine, Projet de Programme d’urgence et de relèvement durable 2013–2015, (draft, August 2013).

\(^{41}\) UNICEF CAR sitrep, internal, 28 March 2014.

\(^{42}\) This evaluation of alignment is based on limited analysis of the context, without determination of UNICEF’s strategic added value in relation to the government or the HCT.
as the main constraint – UNICEF staff were bunkered in Bangui, threatened by insecurity, displaced by the conflict themselves, threatened by carjackings, and were a larger target as their number grew to around 200. Insecurity reportedly affected access to the field, access to the office, meetings with counterparts and ultimately the timeliness of programme delivery. Strategic partners suggest, however, that top-down security-related decisions also hindered bottom-up field choices appropriate to the changing environment, and the “very conservative” approach to security matters complicated delivery.

Overall, the evaluation found out that UNICEF responded appropriately to many constraints. According to the poll, institutional stakeholders tend to agree that UNICEF “adapted to constraints, like insecurity and state collapse,” with a majority of respondents agreeing (22/52) or agreeing strongly (17/52). In response to access difficulties, stakeholders recognized UNICEF’s deployment of mobile teams, increased field presence and Rapid Response Mechanism (RRM) as appropriate approaches. UNICEF headquarters stressed that the response did well to increase field presence by deploying mobile teams and setting up six field offices. In response to capacity gaps, the UNICEF CO and headquarters agree that it was appropriate to reconnect with remaining government officials, and where government was lacking, to become more operational, for example by delivering blankets and digging wells in internally displaced person sites. In response to funding gaps, it was advisable for UNICEF to rapidly redirect internal funds from the development programme to an emergency response.

Without a strategic risk analysis, however, UNICEF lacked a systematic approach to addressing constraints. The CO stresses that its plans were foiled by “unpredictable” events, as its plans in 2013 rested on the vain hope that the situation would normalize. But in the absence of a risk analysis, UNICEF’s response to the constraints remained reactive, and characterized as ‘firefighting’. The CO responded in an ad-hoc, day-to-day manner to a difficult situation and events beyond its control, relying on staff doing their best to make good choices. No rapid situation analysis was conducted at L2 or L3 declarations, so teams were not brought together to reflect on the situation, outline all risks and develop scenarios and contingency plans. It is well recognized that strategic risk assessment was not properly conducted in the Central African Republic, and that risk management processes needed reinforcing. The CO, RO and headquarters were all responsible for shortcomings in country-level preparedness. It remains unclear why a risk analysis drafted by the Immediate Response Team (IRT) leader was not finalized or acted upon.

This evaluation did not attempt to conduct a strategic risk analysis, which could help UNICEF to ‘stay and deliver’ in the country’s complex emergency.

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**EQ. 1.8** To what extent have the protection needs of the population been considered in the design and conduct of the response?

**EQ. 4.3** How effective was the UNICEF protection of civilian interventions?

**EQ. 4.4** What unintended outcomes, positive as well as negative, have resulted from the programme?

**EQ. 4.5** Have the protection needs of the affected population and children been met?

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**Relevance to protection of child rights**

Those interviewed indicated that UNICEF’s response was relevant to protecting the rights of the child by virtue of implementing the CCCs, a public commitment in emergencies that allows prioritizations to ensure that basic services are made available to children. The CO also considers the CCCs relevant to
the emergency situation, the humanitarian imperative, and limited financial and human resources. Thus, UNICEF sought to rebalance its strategy from an initial focus on advocacy, ‘ringing the alarm bell’, to a focus on child survival, through immunization, water, treatment of severe acute malnutrition (SAM) and malaria. Strategic partners observed that, in addition to addressing protection needs through specific protection programmes, UNICEF also addressed needs through the provision of health services and education linked to child protection.

The relevance of the CCCs to protecting the wider rights of the child in the Central African Republic is questioned, however. First, it is difficult to assess this without comprehensive data on child rights. UNICEF’s wide-ranging household-level Multiple Indicator Cluster Survey (MICS) was last conducted in 2010. The survey could not be repeated during the emergency. Second, UNICEF entirely suspended its development programme and shifted completely to implementing CCCs; whereas elsewhere UNICEF applies CCCs and maintains many development programmes, allowing for a ‘contiguum’ of development and humanitarian responses. Third, UNICEF’s shift to the CCCs was partly driven by funding, triggered by changing donor funding priorities towards life-saving activities. Fourth, the CCCs are designed for rapid-onset crises more than a chronic crisis like that of the Central African Republic. Although UNICEF failed to undertake emergency preparedness actions in 2011 and 2012, the CCCs’ discrete phases of disaster preparedness, disaster response and early recovery were poorly adapted to the realities of the emergency, which was both an acute crisis and a chronic one.

Protection programme
UNICEF addressed the Central African Republic’s protection crisis through its child protection programme, coordination with other actors and ‘practical advocacy’. Release and reintegration of children associated with armed groups was a core element of the protection programme through 2013 and 2014. As large numbers of people were displaced, concerns grew about unaccompanied children. The programme responded with child-friendly spaces, psychosocial support care and reunification of separated children. Partners familiar with activities funded through UNICEF’s protection programme seemed generally of the view that UNICEF’s priorities were right, and the strategy was relevant to need.

During this period, UNICEF’s child protection programme sought to expand its scope. In 2013, initial priorities were decided on the basis of multi-sectoral needs assessments conducted in accessible conflict-affected areas, and focused mainly on children associated with armed groups. In 2014, its focus was expanded in line with priorities identified in the 100 Day Plan and SRP to address wider child protection concerns, including gender-based violence, and on new protection needs found in Bangui IDP sites, and in the centre and west of the country. Protection programmes are typically driven by the needs of individual children, and UNICEF’s protection mandate required much attention to small caseloads, such as those in the Bangui Muslim neighbourhood PK12 and Yaloké. This focus on the small caseloads diverts resources, and thus hinders UNICEF’s ability to scale up nationwide.

Beneficiaries in different locations highlighted gaps and priorities. For example, a leading

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43 Emergency and development activities continue side by side in some contexts, but in the Central African Republic UNICEF considered this difficult without a functioning government.

44 In child protection, UNICEF used child-friendly spaces as a point of entry to identify separated children, played an active role in the gender-based violence sub-cluster, secured the release of children associated with armed groups and forces, identified unaccompanied and separated children, and worked with peacekeeping forces to strengthen the Security Council-mandated Monitoring and Reporting Mechanism (MRM) on grave violations against children.
figure in the Muslim community in Bangui’s PK5 enclave and children interviewed at the M’Poko airport expressed a need for ‘orphanages’ to care for, protect and educate the many children without parents.\textsuperscript{45} Also, a priest at the IDP site in Bimbo felt there was much sensitization on sexual violence, although domestic violence was a more common problem in the site. Eight demobilized children (Christians and Muslims between 15 and 17 years) pointed out that distributions were made at the community level, but that children who had been associated with armed forces or groups were left out. Two children at the M’Poko airport expressed the need for access to drinking water and electricity, better training for teachers, free access to schools and health care, school kits, and building schools so all children could go to school.

**Protection of civilians**

Sometimes UNICEF equated protection of civilians with emergency relief. Protection of civilians is given a high profile in SRP 2014, and protection of conflict-affected people from harm, specifically vulnerable groups (e.g., unaccompanied children, women, single-headed households, migrants and the elderly) is stated as a priority. Similarly, UNICEF’s response strategy for 2014 focused on protection of civilians and meeting basic service needs of IDPs and returnees. UNICEF strategy narratives in 2013 and 2014 contain little analysis of protection problems, however, and only include plans for a protection programme based on CCC requirements.

UNICEF monitored the most serious child rights violations in the Central African Republic through the Monitoring and Reporting Mechanism (MRM) on grave violations against children.\textsuperscript{46} The country was designated by the Security Council in 2012 under resolution 1612, and UNICEF was charged to collaborate with the Ministry of Defence in the release and reintegration of children from a number of armed groups. Together with the United Nations Integrated Peacebuilding Office in the Central African Republic (BINUCA) and the International Support Mission to the Central African Republic (MISCA) forces, UNICEF established a task force to strengthen the MRM. Due to staffing shortages in BINUCA in 2013, the task force was not effective – it was therefore relaunched in 2014 with monthly technical meetings and quarterly strategy meetings under the co-leadership of the Special Representative of the Secretary-General (SRSG) MINUSCA and the UNICEF representative. At a technical level, UNICEF also took charge of MRM as MINUSCA had only one staff member, and recruited a mobile team to conduct verifications and train partners, especially in health and education clusters, to encourage reporting of attacks against schools and hospitals. Between January and March 2014, the MRM verified 24 cases of children killed and 103 cases of children maimed by anti-balaka and ex-Séléka.\textsuperscript{47}

At headquarters level, UNICEF efforts contributed to the establishment of the United Nations-led peacekeeping force MINUSCA. Thinking beyond narrow child protection in 2013, UNICEF headquarters identified a risk of ‘genocide’ or atrocity crimes and advocated with the Security Council and the international community for a Protection of Civilians (POC) response. UNICEF took part in a Department of Peacekeeping Operations (DPKO)-led integrated mission task force at the United Nations Secretariat, and in February 2014 established a cell to coordinate efforts aimed

\textsuperscript{45} UNICEF, which avoids the term ‘orphanage’, notes that efforts are under way to provide alternative care and family-based support for children without parental care, working with the government to provide a whole policy on alternative care. UNICEF and many child protection actors do not support institutionalization.

\textsuperscript{46} The MRM is a critical tool that allows for the verification and documentation of violations such as abductions, denial of humanitarian assistance, recruitment and use of children by armed groups, killing and maiming, rape and sexual violence and destruction of schools and hospitals.

\textsuperscript{47} UNICEF CAR Four Month Report, May 2014.
at convincing the Security Council to establish a peacekeeping operation for the Central African Republic. UNICEF’s efforts to engage with the United Nations Security Council and France, including its MRM reporting around the Muslim enclaves PK5 and PK12, led to the establishment of MINUSCA with a mandate to protect civilians. Stakeholders interviewed appreciated the role of UNICEF’s advocacy with the Security Council for the establishment of the stabilization measures.

Many of the implementing partners interviewed point to ways in which their projects contributed to physical protection of beneficiaries. Most indicate their projects were implemented in the safety of IDP sites, removing the need for people to venture into unsafe areas for services. Emergency education providers pointed to the role of schools and safe learning spaces in the protection of children, although where schools had not been opened a gap was left in child protection.

Beneficiaries highlighted problems of protection, including high levels of violence, murder and rape. Two children (9 and 11 years old) interviewed at the M’Poko airport described seeing people fleeing from site to site to escape the violence, children taken away into armed groups and young girls raped.

Greater protection
UNICEF and partners tended to provide a ‘humanitarian response’ to the ‘protection crisis’. In February 2015, an Inter-Agency Humanitarian Evaluation (IAHE) scoping and planning mission conducted in the Central African Republic found that many stakeholders “consider that in the Central African Republic there is more a ‘doctrine of needs’ when it should be a ‘doctrine of rights’, and that consequently the greatest achievement, by far, has been relief, not protection.” Respondents highlighted limitations for addressing protection needs: lack of data, lack of access, limited specialized field staff and limited time. Absence of protection as a clearly mainstreamed element in the response was sometimes attributed to a lack of vision and strategy at the coordination level, and at the inter-cluster coordination (ICC) level, which “doesn’t have an understanding of the multidimensional aspects of protection.”

Beneficiaries felt strongly that peacebuilding should be an important component of protection programmes. Some expressed frustration that international organizations did not always focus on addressing the right issues. A leading figure in the Muslim community at PK5 questioned why they have been encamped and how long they would be there. He emphasized the need for ‘global protection’ of rights, including those of nationality, freedom of movement, access to justice, peace and security, and recognition of two Muslim feast days.

At the policy, programming and delivery levels?

Was there any advocacy for a transition towards peace and reconciliation?

Advocacy activities
UNICEF’s response benefited from some effective advocacy activities. Almost all institutional stakeholders interviewed in the poll agree that “UNICEF advocated for children’s rights,” the largest majority agreeing strongly (34/52) and most others agreeing (17/52) with this statement. Strategic partners believe that UNICEF should play a lead role in driving advocacy forward, as the organization is considered best placed to undertake it.

In practice, UNICEF conducted advocacy at multiple levels: with armed groups, government and ministries, public campaigns, the United Nations system and humanitarian partners, and international opinion organizations and the United Nations Security Council. According to one view, CO advocacy focused
in 2013 on children in armed groups, in 2014 on reopening schools and in 2015 on the right of children to participate through the Bangui Forum initiative.

UNICEF advocated with armed groups in the Central African Republic for the protection of children and their release from armed forces. In 2013, UNICEF invested much effort in addressing these matters with the Séléka government and with armed groups. The 2013 annual report for the Central African Republic lists a number of advocacy activities for children and women's rights carried out with the Head of State and certain ministries. The representative met Séléka rebels in the bush and made direct representations to President Djotodia on this matter. UNICEF conducted trainings in Bangui for armed forces and other actors, especially on children associated with armed forces and armed groups. These efforts reportedly led to the release of 300 children from armed groups during the period.

UNICEF advocated with government ministries to provide technical advice at various levels. Strategic partners interviewed appreciated the advocacy work done by the representative with the Ministry of Education, suggesting UNICEF should further concentrate its advocacy efforts in education to obtain positive outcomes in both education and child protection. UNICEF's advocacy influence is based on its credibility, presence and strength in the country, and facilitated by ease of interaction with counterparts in Bangui. Partners suggested UNICEF should maximize contacts with ministries to influence policy and pressure the government to take responsibility in different areas.

UNICEF also advocated with government actors for the protection of Muslims in enclaves. In early 2014, UNICEF took on leadership responsibilities in filling the position of interim Humanitarian Coordinator (HC). At this time, UNICEF played a lead role with United Nations partners in the controversial relocation of about 1,500 Muslim and minority Peuhl people trapped in an enclave in Bangui's PK12 neighbourhood. While the government and prefecture opposed it, United Nations organizations, including UNICEF, feared a massacre and helped evacuate most of the families to the northern part of the country in April. However, thousands of others remained besieged in enclaves in Bangui, Boda, Carnot, Yaloké and other towns. UNICEF continued to track families and reunify separated and unaccompanied children living in the Yaloké enclave.

UNICEF advocated with sections of Central African society through public campaigns. Coordinated by its Communication for Development (C4D) programme, UNICEF emergency interventions with internally displaced persons sought to mitigate risks to children through communication. C4D interventions also tried to mobilize communities for peacebuilding. To provide cross-cutting support to emergency interventions, community health workers received training on the promotion of ‘essential family practices’ such as breastfeeding, hygiene, vaccination of children, the proper use of latrines, use of mosquito nets and prevention of diarrhoea. These messages reached over 16,000 people in IDP sites from end-December 2013 to May 2014. UNICEF’s 2014 protection programme included a nationwide media campaign to prevent violence against children, boys and girls, including female genital mutilation, early marriage, sexual violence and unexploded ordnance (UXO). Some implementing partners could describe UNICEF-funded sensitization activities aimed at reducing community violence and raising awareness of threats to children's rights.

UNICEF advocated to the international community, drawing attention to the Central African Republic as a protection crisis (as well

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49 UNICEF CAR Four Month Report, May 2014.
as a humanitarian crisis), with child rights being violated on a daily basis by different parties. The UNICEF representative spoke boldly to elevate the profile of the crisis; by October 2013, the international community and the United Nations system adopted a similar position. In September 2013, OCHA talked of “seeds of genocide” and a special rapporteur on genocide visited the country and signalled a risk of genocide. UNICEF’s advocacy was also aligned with the United Nations’ ‘Rights Up Front Agenda’, which requires the United Nations system to come together and decide on which actions are needed to make changes from a political point of view. In December 2013, it was pointed out at the Inter-Agency Standing Committee Principals meeting that “with the human rights and protection crisis, security situation and state absence, we must be clear at the outset on the effect that an L3 activation can have. It will be important to connect this with the ‘Rights Up Front Agenda’ and link it to IASC processes.” Still, UNICEF headquarters also saw a need to rebalance this advocacy towards a greater focus on programmes to save lives.

Despite all these efforts, UNICEF appeared to lack an advocacy strategy for the period. An advocacy ‘priorities paper’ was produced in March 2013, specifying problem statements, objectives and core messages; main themes would be the protection of civilians and the urgency of a humanitarian response. But this offered no strategy that could enable advocacy to add value to the humanitarian response. It did not determine which humanitarian challenges could be addressed: (i) by programme

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**Box 1. Rapid Response Mechanism (RRM)**

The RRM in the Central African Republic was first piloted in 2013 with the intention of promoting humanitarian imperatives through active monitoring of alerts, the capacity to undertake rapid, multi-sector assessments (MSAs) and as required, based on MSA outcomes and in the absence of ready response capacity by humanitarian actors in the field and in coordination with the inter-cluster system, undertake interventions focusing on emergency NFI and WASH assistance. This ensured that assistance was delivered to the most needy in hard-to-reach places, in the shortest time possible. RRM was adapted from the Democratic Republic of the Congo, and is coordinated by UNICEF with support from OCHA. It involves key international NGO partners.

The RRM Objectives are:

- Based on effective early warning/alert systems and validation processes, to undertake rapid multi-sector assessments for communities affected by a humanitarian shock
- To ensure rapid dissemination of multi-sector assessment findings to clusters and the humanitarian community.
- In the absence of ready humanitarian response capacity, to meet the immediate survival needs of targeted households with emergency NFI and WASH assistance.
- To validate the efficacy and timeliness of response and results for assisted populations.

The RRM has been an important part of the UNICEF the Central African Republic emergency response, distributing essential household items and WASH services to affected populations. As provider of last resort, the RRM responded within 15 days to alerts of displacements in places where there was virtually no humanitarian presence. In 2014, under the RRM, more than 1 million litres of water were distributed to 7333 households through water trucking to displacement sites, and 8,534 households were provided with sustainable access to safe water through the rehabilitation of boreholes.

RRM partners have also collected data on post-distribution monitoring to evaluate the satisfaction of quality, quantity and usefulness of items distribute, as well as the timeliness of distribution.
implementation, (ii) by coordination with others and/or (iii) by advocacy. It remained unclear how UNICEF’s advocacy represented a strategic response to crimes against children, or how it was coordinated with other actors, including child rights advocates.

UNICEF’s communications strategy, however well implemented, could not replace an advocacy strategy. A communications strategy was developed in September 2013 and updated in November 2014 with a view to ‘generating media attention and related donor interest’; its focus was on fund-raising (and also public information) but not humanitarian advocacy, as properly defined.

UNICEF invested significantly in media relations with global media, attracting frequent positive coverage in global media markets and earning credibility as a leading global media source on the situation in the Central African Republic.

In October 2014, UNICEF developed a strong advocacy strategy reflecting high-quality strategic analysis not seen previously.

Annual reports indicate that RRM’s multi-sectoral assessments (MSAs) have been the most important source of information on needs that guided UNICEF. UNICEF conducted some 75 MSAs during 2013 and 2014.

UNICEF targets were based on SRP data emerging from cluster assessments, not informed by a comprehensive assessment. UNICEF showed less interest in comprehensive needs assessment, objecting in December 2013 to completing a full MIRA, and suggested prioritizing the SRP until a new Humanitarian Coordinator (HC) arrived. UNICEF targets during 2013 could not benefit from comprehensive needs assessment, as the first MIRA exercise was completed in January–February 2014. Subsequently, it is unclear how information from the MIRA was used to update UNICEF targets and programme plans. In nutrition and health, UNICEF targets already covered the entire country, were comprehensive and required less prioritization.

RRM multi-sectoral assessments

The RRM assessed needs in response to events in specific locations, providing valued information on multi-sectoral needs in places affected by violence and displacement, in response to a rapidly changing situation. The assessments covered non-food items (NFI), shelter, water and sanitation, basic food security and nutrition, and basic demographics, including data on children and child mortality. They were primarily concerned with analysis of vulnerabilities and use of a ‘logic theory’ to identify the humanitarian response needed to reduce these. Most RRM reports gave population figures for the area and numbers of displaced. Some provided quantitative data relevant to needs in several sectors: percentage of children in school, untreated for common illnesses, numbers of cases of sexual violence reported, number of functional and non-functional water points. An instrument for measuring the degree of need for NFI within the community was widely used.
RRM assessments were limited in geographic coverage, and few seemed to explore community priorities. As the Assessment Capacities Projects (ACAPS)\(^\text{50}\) points out, the limited coverage of these needs assessments and the lack of regular information updates made efforts to prioritize at the national level nearly impossible. Nearly 40 per cent of assessments covered the Bangui sub-prefecture, and the rest were concentrated in Ombella M'Poko and Ouham Pendé prefectures. Prefectures in the north-east and east of the country, as well as Sangha-Mbaéré, were the least assessed, mainly because of security and access constraints—a disparity that could reinforce a sense of abandonment among those populations.

**Clusters**
Cluster needs assessments were sectoral and based on data of mixed quality, without aggregation across sectors. Most needs assessments were undertaken in the shelter/NFI, Camp Coordination and Camp Management (CCCM), WASH, health, food security and education sectors, although only a few sectors had relatively homogenous data (shelter and NFIs, food security and WASH).\(^\text{51}\) Very little information was available in assessments on the nutritional situation of populations (although UNICEF later conducted a Standardized Monitoring and Assessment of Relief and Transitions ‘SMART’ survey on nutrition). Protection needs were little represented but generally well monitored at the prefecture level. Education was assessed at the national level by the cluster, and the information was the best known and the most representative. The data on health could not be interpreted without information from the medical NGOs that carry out the vast majority of the health and medical monitoring services. ACAPS points out the geographical coverage of the sectoral assessments was insufficient, and “with the exception of the education cluster, any inter-prefecture prioritization would be biased by the effect of selection.” Moreover, analysis was not multi-sectoral, and capacity was lacking for analysis at an aggregated level. The clusters were asked to feed into a Humanitarian Needs Overview (HNO) with their needs assessments.

**MIRA**
The MIRA promised a comprehensive multi-sectoral assessment of needs in the Central African Republic. “Taking into account the security and access constraints,” advised ACAPS, “it is preferable to aim at more comprehensive geographical coverage so as to achieve a global understanding of the situation.” The MIRA involved interviews with key informants in a range of locations in the worst-affected prefecture. Data collection from the MIRA was finalized on 30 December 2013, and the database was handed over to OCHA for analysis. In all, 15 axes countrywide, 12 towns and 7 out of 8 planned neighbourhoods in Bangui were covered. An analysis workshop and HC validation were planned for January 2014. Results showed the health-care system had largely collapsed, protection concerns were grave, virtually no schools had reopened, shelter needs were great, and in WASH no IDP sites were meeting the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE) water and latrine standards. No nutritional surveys were included.

The MIRA ultimately offered a poor measure of overall needs in the country. Conducted quickly, its process was undermined by OCHA’s then insufficient technical capacity to collect data, lack of access to the field due to insecurity, lack of baseline data and exclusive focus on humanitarian hubs in areas affected by conflict and displacement. Without any baseline data, the assessment was carried out on road axes in prefectures, and used to update

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\(^{51}\) Ibid.
needs in locations where access existed but not to provide an overall assessment to refine targets. It did not allow for needs to be defined beyond those that could be addressed. The MIRA report’s methodology section offers little explanation as to strengths and weaknesses, but recognizes that informants were not opinion leaders, and different results could emerge if the wider population was polled.

Needs assessments in the Central African Republic remained at a community level, without moving towards a systematic and quantitative assessment at household level. As ACAPS points out, security and access problems may explain the difficulty in deploying assessment teams, but the example of Bangui, where access to populations is often easier, shows that these are not the only reasons for the delay in moving towards systematic and quantitative assessment at the household level. Six months after an L3 crisis was declared, the assessment process had not evolved towards a more representative collection mode. Besides, no one method, approach, tool, or field assessment coordination has been established or accepted by everyone involved in the process: 59 of the 83 assessments collected qualitative data, and 24 of the 83 assessments used quantitative or mixed methods. Thus ACAPS recommended:

- A major effort must be made for the assessment of internally displaced person sites in Bangui to be systematically quanti- tative and representative.
- Assessments must be conducted on internally displaced persons in host families and host populations in Bangui.
- An assessment and monitoring tool of the internally displaced persons and populations outside Bangui must be drawn up and implemented.
- Harmonized and/or joint assessments must be developed in order to plan more broadly the assessment of humanitarian needs in the Central African region.

Participation

According to various strategic partners interviewed, UNICEF and humanitarians have done too little to involve the affected population in the response, providing little space for consultation with communities, insufficient accountability to affected populations, and little if any communication with affected populations.

UNICEF strategies provided little space for consultation with communities. The CO’s 2014 narrative plan committed to “dialogue through empowerment of community leaders and mobilization of communities and families,” but revealed no mechanism for consulting them in programme design. The CCCs do not provide for consulting beneficiaries on needs. Programme Cooperation Agreement (PCA) terms do not require that the beneficiary community be involved in planning and implementation, although a checklist for PCA approval stipulates the partner must be willing to involve the beneficiary in the planning and management of projects. The UNICEF’s Humanitarian Performance Monitoring (HPM) is not designed to systematically seek feedback on evolving needs or the appropriateness of assistance provided (see Box 3, on HPM). The RRM is not devised to facilitate systematic ongoing consultation or participation. Implementing partners interviewed say UNICEF programme priority areas are determined by UNICEF policies, not consultation with communities. Some struggle themselves to involve communities. Lack of participation is a wider problem in the Central African Republic response. As an inter-agency coor- dinator on Accountability to Affected Populations (AAP) points out, “some aid workers still see
participation as taking up time they cannot afford, arguing that their programmes rely on experts who know what people need.\textsuperscript{52} Some beneficiaries reported obstacles to participation. Women beneficiaries from the Gendarmerie site in Bambari, for example, noted that the men receive the distributions and do the selling, and if the women complain, they get beaten.

In principle, UNICEF sought to integrate principles of participation, accountability and feedback, through children’s participation in intercommunity dialogues, supply usage monitoring, and third-party programme results monitoring.\textsuperscript{53} However, UNICEF recognizes that consultation and accountability towards the affected population was poor, mainly due to lack of awareness in the CO. According to the Inter-Agency Humanitarian Evaluation (IAHE), this is a wider problem in the Central African Republic, where AAP commitments were not sufficiently taken into account in the humanitarian response at the strategic and community levels, “due to the volatile security situation and ensuing population movements but also the lack of experienced staff and resources of the humanitarian community.”\textsuperscript{54}

An AAP inter-agency coordinator, deployed to the Central African Republic in 2014, concluded the response was less effective and accountable because information on the humanitarian situation was not reliable, comprehensive or up to date, so clusters and the HCT could not use them to discuss action or make decisions.\textsuperscript{55}

UNICEF did not conduct appropriate communication with affected communities. Over 70 per cent of affected Central Africans did not feel informed about the crisis or its response, and the MIRA found that affected populations living in IDP sites listed the need for better communication about the crisis among their top priorities. Again, this is a wider problem in the country, where an evaluation of Communications with Communities (CwC) projects and partners found no stand-alone CwC projects in the Central African Republic in 2014, and recommended conducting CwC in the country immediately. It also recommended a clarification of distinctions and collaborations between CwC and ongoing AAP and C4D initiatives in the Central African Republic.\textsuperscript{56}

**EQ. 1.4** How effective and appropriate were these processes in ensuring that UNICEF’s response support the most vulnerable groups, particularly children and women?

**EQ. 1.5** To what degree have gender and disability issues been addressed?

**EQ. 1.6** To what degree have gender and disability issues been incorporated into the response plan, its implementation and the monitoring frameworks?

**Vulnerability**

UNICEF strategies approached vulnerability in terms of populations needing protection at the prefecture (subregional) level, especially displaced persons. The UNICEF documents reviewed show little evidence of identifying the vulnerable groups at the community level, or assessing their specific needs. Also, there were no guidelines requiring partners to consult vulnerable groups and ensure their needs

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\textsuperscript{52} Inter-Agency Humanitarian Evaluation (IAHE) of Response to Crisis in the Central African Republic, terms of reference V2.

\textsuperscript{53} UNICEF CAR, *Four Month Report*, May 2014.

\textsuperscript{54} Inter-Agency Humanitarian Evaluation (IAHE) of Response to Crisis in the Central African Republic, terms of reference V2.


are prioritized at community level. UNICEF plans contain no analyses of needs by age and gender and no strategies to address these. Data in Humanitarian Performance Monitoring were not disaggregated by gender and age.

Almost all UNICEF projects described by implementing partners had a clear primary focus on women and children. UNICEF programme plans were directed at predefined gender and age groups. Demobilization of children from armed groups targeted mainly older boys. Prevention and care of survivors of GBV addressed mainly the needs of older girls and women. Nutrition and vaccination programmes addressed needs of younger children. Education programmes had a heavy emphasis on the neglected needs of girls.

UNICEF relied on implementing partners to identify vulnerable persons in communities, to recognize international standards and to address their specific needs. The NGO Agreement Review Committee (NARC) required partners to supply beneficiary data disaggregated by age and sex. Many implementing partners gave examples of ways in which their projects were gender sensitive, with some (those providing child-friendly spaces and safe learning spaces) speaking of efforts to sensitize communities over the inclusion of girls and gender-appropriate activities. Education and child protection partners sometimes worked with more refined definitions of vulnerability, highlighting difficulties in reaching children with disabilities. Some implementing partners suggested UNICEF should give clearer guidance on vulnerable groups, and modalities for responding to their needs.

Some vulnerabilities were evidently not being addressed. For example, implementing partners pointed to categories of children who act within the family as guides to the blind, and children who are used for their labour, older children, girls with poor family support who are easily forced into sex work, and boys who are manipulated by armed groups. Some beneficiaries viewed schools as a support for children in terms of protection, but due to lack of money, some children are unable to attend. Children who support themselves do not always have the means to cover school fees (1,250 francs primary, 7,500 francs secondary). It was reported that women feel insecure and lack a voice, and persons with disabilities did not feel supported.

UNICEF and other organizations did little to address the specific needs of people with disabilities (PWD). One of the INGOs, Handicap International, had left CAR due to the conflict. UNICEF documentation makes little reference to disability. Strategic partners interviewed agree that little attention was paid to PWD. No assessments or analyses were undertaken to meet their specific needs. For example, some beneficiaries at the Sangaris site noted that wheelchairs were not provided to physically disabled persons, leaving them to use tricycles that they built themselves to move around. Human Rights Watch, in a dedicated report,\(^57\) says PWD in the Central African Republic were often left behind, struggled to flee to safety from attacks, and in IDP sites faced difficulties accessing sanitation, food and medical assistance. With limited funding available, aid agencies were often unable to address the specific challenges faced by PWD. Of the eight United Nations and NGO aid agencies interviewed by Human Rights Watch, none were systematically collecting data on PWD, and their needs were not fully included in the agencies’ programming.

As described above, UNICEF integrated the following cross-cutting issues into the response: local context (somewhat in relevance to affected population, as above), participation (as above), protection (relevance, as above), gender equality (as above), coping strategies and resilience (see connectedness), human resources (effectiveness), HIV/AIDS (as effectiveness, part of the child survival programme), environment (not covered).

In the early stages of the L3, UNICEF invested efforts in raising funds at a Brussels conference for the Central African Republic, which led to pledges of US$200 million. It targeted Canada, Japan, Norway, the United States and the European Commission’s Humanitarian Aid and Civil Protection Department (ECHO) as the largest donors in previous years, and the United Kingdom because of its importance as a donor. It would also contact Australia, Belgium, Denmark, Finland, Germany, France, the Netherlands, the Republic of Korea and Sweden, as nearly all had made some contribution in the recent past. However, only Sweden, the United Kingdom and the United States pledged large funds in Brussels. Meetings on the sidelines with smaller pledgers were not promising for UNICEF. UNICEF continues to lobby previous funders (Canada, Japan, the United States and the European Union) to try to secure further commitments.

The strategy resulted in around half the donor funding expected. UNICEF’s appeal in 2014 for US$81 million was funded at 57 per cent, which led UNICEF to turn to the Emergency Programme Fund (EPF) to fund the response (see Box 2 below). Analysis of the funding commitments shows a small number of donors committed more than US$1 million in 2014: Canada, Italy, Japan, the European Union, UNDP, OCHA, the United States Agency for International Development (USAID), the United States Office for Foreign Disaster Assistance (USOFDA), the Ministry of Health of the Central African Republic and UNICEF EPF, which together accounted for more than 70 per cent of total funds. In 2013, contributions of over US$1 million came from Canada, Japan, the Netherlands, the French Committee, Global Funds, the Global Partnership for Education, OCHA and USAID. In a breakdown by programme no clear relation emerges between the number of donors and the size of the budget. The large programmes were highly dependent on USAID, OCHA and UNICEF, except WASH, which was well supported by European Union funds.
Donors did not respond in a timely manner in 2013 and early 2014. Only 2 per cent of requested emergency funds were received in 2013, so UNICEF had to use the EPF for the procurement of supplies and staffing purposes. The UNICEF CO appreciated a decision by the headquarters Executive Board to frontload the funding from EPF, which helped accelerate the implementation and expansion of the scope of the intervention. EPF funds were well adapted to cases of rapid deterioration in a chronic crisis. Public funding improved towards the end of 2014, when the variety of interested donors grew despite an increasing tendency to fund NGOs directly.

UNICEF staff perceived the effect of funding differently. Some in headquarters and the CO feel that the Central African Republic remained constantly underfunded unlike other L3 crises and despite fund-raising efforts, while other United Nations organizations were better funded than UNICEF in the Central African Republic. Others feel the funding was not such a constraint, as the CO received enough un-earmarked EPF funding and higher funding than ever before. In their allocation, however, a ‘pie-sharing approach’ was used instead of needs prioritization, but UNICEF made unprecedented use of EPF in the Central African Republic.

UNICEF’s poor funding can be explained by perceptions that UNICEF lacked a clear comparative advantage, more widely, and by donor disinterest. First, UNICEF’s ‘comparative advantage’ of leading in both development and humanitarian spheres, and building community resilience, was not well accepted by donors, who perceived UNICEF as neither operational nor close enough to beneficiaries. Also, a number of donors seeking to maximize value by delivering quickly did not see UNICEF’s ‘implementation through partners’ model as efficient or timely. UNICEF’s programmatic focus was also considered too broad. Second, the Central African Republic was a ‘silent emergency’ and ‘forgotten crisis’. Like other protracted, conflict-driven emergencies, it was viewed as a ‘man-made’ crisis and this made it difficult to attract funds. The country was not a geopolitical priority for donors. Few bilateral donors were present in-country.

**Box 2. Emergency Programme Fund (EPF)**

The Emergency Programme Fund (EPF) was established to strengthen UNICEF’s capacity for timely emergency response.

In an increasingly complex humanitarian environment marked by accelerating humanitarian needs, funding is not keeping pace with the needs. As such, UNICEF relies on the EPF mechanism to frontload critical funding requirements to country and regional offices within 48 hours of the request, ahead of donor commitments to assure a rapid response.

The EPF has enabled timely scale-up of operations in acute emergencies and sustained critical humanitarian operations where funding gaps existed in protracted crises.

The EPF is a revolving fund, and allocations are primarily made as loans to eligible offices in anticipation of receiving donor contributions. Offices are expected to reimburse the funds once donor funds become available. If no such donations are received, as sometimes occurs in life-threatening situations, the Director of EMOPS (Office of Emergency Programmes of UNICEF Operations) may authorize the conversion of the original EPF loan into a permanent, non-reimbursable grant from the EPF.
2.2 COHERENCE

UNICEF response and programme strategies are generally coherent but not integrated. The response committed to an integrated approach, although it lacked guidance and the expertise to implement it. Programmes report notable synergies and complementarities but greater integration was unlikely without adjustments inside UNICEF, or stronger inter-agency capacity. Indeed, institutional stakeholders polled were relatively less sure that “UNICEF's programmes combined to meet multiple needs,” with a majority agreeing (35/52), but a quarter unsure (12/52) and a minority who clearly disagree (5/52).

Understanding of the Integrated Programme

In the CO, practical understanding and effective application of ‘integrated programming’ remained in question, despite commitments to integration. A UNICEF study\(^{58}\) defines integration as “the intentional combining of one or more sectoral interventions to improve humanitarian outcomes,” but, at the time of the response, the organization had not issued guidance on the approach. UNICEF respondents felt integration remained a challenge for UNICEF, the means of implementation were unclear and understanding was lacking among major UNICEF partners. Strategic partners had no clear understanding of UNICEF’s integration or how it would work. Questions remained about whether it should also apply between humanitarian and development programmes.

Comprehensiveness

UNICEF highlights some positive reports of programme synergies in 2014. UNICEF education and protection staff developed guidelines, which included elements from health and WASH, on the integration of temporary learning spaces (TLS) and child-friendly spaces. UNICEF child protection and health teams with the Ministry of Health and the Ministry of Social Affairs implemented a successful birth registration campaign reaching 25,200 children in Bangui. The community reintegration of more than 2,800 children formerly associated with armed groups was also carried out through child protection, education, WASH, health and HIV programmes. A flagship intersectoral programme funded by the Government of Japan was to build 50 schools and related WASH and health infrastructure. Many implementing partners

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also cited examples of synergies created in different sectors, but mainly as a result of their initiatives to seek funding for complementary projects, not because of UNICEF programming.

Some UNICEF programmes were more complementary than others. Documents refer to the multi-sectoral RRM and the cross-cutting C4D. In some sectors, links have long been established, notably between emergency education and child protection, where links were strong between TLS and child-friendly spaces. There were also opportunities missed – e.g., linking birth registration with the vaccination campaigns (mainly due to government bureaucracy). Complementarity also depended on decentralization of programme management or relative proximity of staff and interaction between programmes in sub-offices.

EQ 2.3 What core programmatic elements are missing, and are these being addressed by other actors and programmes, or are there outstanding gaps not being met at all?

Programmatic gaps
UNICEF’s sector-based programmes had difficulty in meeting needs in an integrated manner, partly due to the requirement for the rapid life-saving interventions that are needed in an emergency setting. The programmes continued to work in traditional silos, without much interaction, collaboration, setting time aside to ensure integration or motivation. Some programmes (e.g., education and WASH) were not as integrated as they should be, partly due to poor funding or earmarking. Strategic partners interviewed perceive that UNICEF missed opportunities, seeking only complementarity, rather than integration. Integration was undermined by UNICEF’s sector-specific focus, and that of the cluster system, in which a multi-sectoral response was less than the sum of its parts.
2.3 COVERAGE

UNICEF’s coverage of needs was generally good and large in scale especially in Bangui, internally displaced person (IDP) sites and areas within reach of UNICEF, even if certain categories of beneficiaries were excluded. UNICEF and partners set a few clear targets in each sector as required by the CCCs, increased coverage during 2014 as it scaled up operations, and achieved quite wide coverage. Plans show target groups disaggregated by age, sex and location. UNICEF sought to reach vulnerable populations, especially those most affected, and targeted both Muslims and Christians. Institutional stakeholders interviewed agree that “UNICEF responded to emergency needs,” with an overwhelming number of respondents agreeing (48/52).

Targeting was considered too modest in 2013, however, requiring large increases during 2014. Targeting reflected weaknesses in needs assessments (poor data and analysis, non-comprehensiveness) and focused mainly on accessible populations in urban centres and IDP sites. Targets did not identify specific vulnerabilities (beyond predefined categories), so people with disabilities, orphans, returnees, older children and youth were not systematically included. The needs of displaced communities in the bush, Peuhl nomads and the population in the north of the country were also poorly covered.

EQ.3.1 To what extent has the affected population, especially children, been properly targeted and reached by UNICEF and its partners?

Targeting

As specified in Humanitarian Action for Children, UNICEF’s strategic objectives were to meet a few ‘high-impact’ targets in each sector, mainly predefined subsections of women and children. The HACs in 2013 and 2014 show that the largest numbers of people would benefit from basic health services and medicines (2 million from June 2014), vitamin A for under-fives (740,000 from June 2014), immunization against measles (739,000 from January 2014) and access to safe reliable water (700,000 from June 2014). The smallest numbers would benefit from various child protection and HIV services (less than 2,000).

Planning documents define the numbers of people to be targeted. Detailed plans for 2013 and 2014 specify the numbers of people to be covered in relation to CCC commitments by sector, showing both targets for overall results and output targets for most activities. UNICEF’s standards for targeting are outlined in the CCCs, which specify levels of coverage for nutrition and health in benchmarks expressed as percentages of target population, affected population or specific age groups. UNICEF’s Indicator Guide and target calculator includes a Target Population Calculator designed “(…) to calculate ‘good enough’ target figures based on total affected and pre-response demographics until more comprehensive needs assessments are complete.” It recognizes that “target populations will need to be adjusted as more information is available.”
UNICEF adjusted some targets upwards during 2014, and redefined some of the indicators. The overall number of children to be reached increased from 740,000 (HAC January 2014) to 1 million (revised HAC June 2014), although the total population to be reached was reduced from 2.2 million to 1.8 million. The number of HAC targets increased from 12 (HAC May 2013) and 11 (HAC Jan. 2014) to 17 (HAC June 2014). In this time, eight of the targets were revised upwards and four very significantly (e.g., x7 for access to clean water, and almost x3 for access to basic health services, participation in child-friendly spaces, and victims of GBV access holistic support).

Many questions arise about targets set and their effect on coverage in UNICEF programmes. The quality of targeting was undermined by weaknesses in needs assessments, data generated by partners and target-setting in clusters. Looking at UNICEF planning documents, it also remains unclear why cluster targets were undefined during May–December 2013 for nutrition, education and child protection (these were UNICEF-led clusters).

### Table 3. Evolution of HAC targets, May 2013 to June 2014

<table>
<thead>
<tr>
<th>Programme</th>
<th>Indicators</th>
<th>HAC 2013 (Revised May) Targets</th>
<th>HAC 2014 (Jan) Targets</th>
<th>HAC 2014 (Revised June) Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Number of children under 5 suffering from SAM have access to therapeutic food</td>
<td>13,500</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number of children under 5 affected by SAM admitted for treatment</td>
<td>NA</td>
<td>16,800</td>
<td>16,800</td>
</tr>
<tr>
<td></td>
<td>Number of women sensitized on infant and young child feeding practices</td>
<td>NA</td>
<td>NA</td>
<td>6,000</td>
</tr>
<tr>
<td>Health</td>
<td>Number of children under 5 immunized against measles</td>
<td>680,275</td>
<td>739,000</td>
<td>250,000</td>
</tr>
<tr>
<td></td>
<td>Number of people with access to basic health services and medicines</td>
<td>582,000</td>
<td>NA</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>Number of children &lt; 5 sleep under treated bed nets</td>
<td>NA</td>
<td>592,000</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number of pregnant women sleep under treated bed nets</td>
<td>NA</td>
<td>152,000</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number of children under 5 who received vitamin A</td>
<td>NA</td>
<td>NA</td>
<td>740,000</td>
</tr>
<tr>
<td>WASH</td>
<td>Number of affected people who have access to sufficient safe water each day</td>
<td>100,000 (children and women)</td>
<td>650,000 (affected people)</td>
<td>700,000 (affected people)</td>
</tr>
<tr>
<td></td>
<td>Number of conflict-affected people provided with household water treatment and storage material, key hygiene supplies and sensitized on key hygiene messages</td>
<td>250,000</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number of internally displaced persons with access to improved sanitation</td>
<td>NA</td>
<td>150,000</td>
<td>225,000</td>
</tr>
<tr>
<td></td>
<td>Number of people in affected areas benefit from awareness-raising communication campaigns on hand-washing with soap</td>
<td>NA</td>
<td>1,500,000</td>
<td>225,000</td>
</tr>
</tbody>
</table>
Prioritization

UNICEF programmes targeted different populations, sometimes with little prioritization. Health and nutrition adopted a universal approach, targeting their services nationwide, instead of specific geographic areas or crisis-affected populations. Education targeted safe learning spaces and some activities at affected communities (Bangui, Bossangoa, Bouar and Bambari), but others nationwide, such as the distribution of learning materials. WASH prioritized IDPs and host communities, and return areas where water points and networks were known to be damaged. Child protection was concentrated on 12 priority prefectures\(^6^9\) out of 16 nationwide.

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An analysis of targeting reveals some practical gaps. In health, some targets were not universal: assistance to health care would only be provided where the health structure was functional, missing opportunities to revitalize non-functional health posts that deprived communities of health care. RRM needs assessments in 2013 and 2014 found health posts stripped of equipment and medicines, but health-care workers remained. In nutrition, strategic partners interviewed indicate that UNICEF could have increased coverage by enhancing community capacity for therapeutic feeding, as was done in Yaloké, and relying less on supporting existing programmes. One RRM report highlights the considerable problem of separated children in provincial cities that had not benefited from family tracing and reunification.

UNICEF’s response often focused on the most accessible populations, and prioritized areas that were secure and established with international implementing partners present. Humanitarian access was often compromised, leaving many people unreached. More broadly, SRP and 100 Day planning were perceived to give priority to the needs of displaced populations congregating on sites such as those in Bangui and Bossangoa. Strategic partners felt prioritization depended on the number of people in a given area. Such prioritization raises questions of impartiality, but it also allowed for monthly adaptation using mobile teams to reach newly secure areas as levels of access changed.

Reach

UNICEF’s coverage increased during 2014, partly as a result of its scaling-up strategy. In July 2013, UNICEF planned to emerge from Bangui and access vulnerable people, prioritizing ‘hardest-to-reach’ people and areas, using mobile teams. In January 2014, UNICEF declared its strategy was “to quickly scale up its response with a focus where children’s needs are greatest,” recognizing its “key role” in the absence of other actors. It would also strengthen its field presence by establishing field offices in Bossangoa, Kaga Bandoro and Bambari and a mobile team in Bouar, and strengthen its dedicated cluster capacities. By March 2014, the RRM was prepared to implement assessments and, as needed, last-resort emergency NFIs and WASH assistance to a target of 120,000 displaced people. In the following weeks, the RRM accelerated in coverage and impact. By July 2014, WASH coverage increased through additional partnerships. During 2014, UNICEF supported an expanded coverage of basic health services, as well as more national vaccination campaigns.

UNICEF’s wide coverage is recognized by some. Institutional stakeholders interviewed diversely recognized UNICEF’s “coverage of a large area” and “huge weight,” “highly needy people were reached in displacement sites and enclaves,” and measles vaccination coverage was successful. In documents UNICEF reports that programmes brought assistance to large numbers of other populations, particularly through health programmes which took “a broader and more strategic approach to risks of disease among Central African populations.”

Coverage remained inadequate in areas that had issues with security and/or partner capacities. “Needs were huge but the response was limited,” was one view at the CO. CO respondents stress that the response was significantly constrained by insecurity and lack of access.

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60 Evaluation internally displaced persons Peuls Yaloké – Mission interagences, rapport resumé et action points proposés.
61 Child protection rapid assessment mission to Bouar (Nana-Mambéré), 8–11, Merlin.
63 UNICEF CAR sitrep internal, 2 January 2014.
64 UNICEF CAR sitrep internal, 2 February 2014.
65 UNICEF CAR sitrep internal, 28 March 2014.
66 Data analysis conducted by Volker Hüls.
to displaced populations in rural areas.\textsuperscript{67} Strategic partners felt that remote management approaches were not effective, as national staff equally faced problems of access and insecurity. Some implementing partners pointed out capacity limitations in IDP sites.

UNICEF planning documents show target groups disaggregated by age, sex and location. The plan (May–December 2013) includes extensive data sections on demographics, estimated affected population, and priority areas with sex and age disaggregated data by prefecture (region). However, targeting shows the estimated number of children by age, but not by sex. Targeting for people living with disability is not included. Planning for 2014 showed a different approach, focusing on Humanitarian Performance Monitoring indicators defined in relation to specific target groups, which specified recommended categories of persons, and simply where they were to be targeted (e.g., town names vs ‘countryside’, or number of sites). These indicators and targets appeared to meet the requirements, defined in UNICEF’s CCCs and Indicator Guide and Target Calculator. UNICEF reportedly collects sex and age disaggregated data about populations targeted from partners in their proposals.

In seeking to reach vulnerable groups, UNICEF focused mainly on IDPs and host communities in Bangui and in provincial towns. UNICEF’s regional \textit{Annual Report 2014} highlighted efforts to identify the most vulnerable populations at the national level, especially through RRM assessments and rapid assessments with other UN organizations. The CO also devised a vulnerability/deprivation index based on the MICS 2010 to show the most vulnerable geographic areas and the location of implementing partners at the prefecture (subregional) level, as non-access to assistance was a key to vulnerability.

UNICEF’s approach did not identify specific vulnerabilities within populations. UNICEF plans do not show information about vulnerability at the local level, and UNICEF’s approach to identifying vulnerability appears to be limited to predefined categories and indicators listed in the CCCs for each sector.\textsuperscript{68} This predefined definition of vulnerability would exclude more specific or contextualized vulnerabilities, such as orphans, older children, unassisted people, people with disabilities, older people, widows, grandparents in charge of orphans, ethnic minorities, or combinations of these.\textsuperscript{69}

UNICEF targeted both Muslims and Christians, but its ‘equity approach’ remained largely aspirational. UNICEF implementing partners reported assisting both Christian and Muslim communities, often as a part of their strategy, although Muslim communities were less

\textsuperscript{67} UNICEF CAR sitrep internal, 2 January 2014.
\textsuperscript{68} The CCCs commit to addressing vulnerability in a general sense in section 1, and in diverse ways for each programme commitment in section 2, thereby defining vulnerabilities in relation to malnutrition, to WASH, to child protection/GBV risks, to education (gaps and vulnerabilities) and HIV/AIDS.
\textsuperscript{69} An equity analysis in the Central African Republic, based on data from MICS 4 (2010), shows inequity drivers for immunization and vitamin A coverage in children were the socio-economic status, geographic location (region, urban/ rural) and mother’s education.
accessible and Christians often in more urgent need of assistance. Beneficiaries in Bambari and Bangui confirmed they had benefited from UNICEF programmes, implemented through partners. An equity case study in the Central African Republic\textsuperscript{70} describes how UNICEF worked to promote equity through its provision of immunization services in 2014, but concludes, “Equity is at the core of the Central African Republic’s issues, as the long-lasting marginalization of some regions and communities is one of the root causes of the current conflict,” and “equity work at all levels is paramount to the restoration of the State’s authority and stability in the country.” Apart from this study, the term ‘equity’ is barely mentioned, not well defined and absent from the CCCs.

Some specific groups and populations received notably less assistance in the Central African Republic, raising questions of equity. Respondents mentioned specific groups: orphans, people with disabilities, returnees, older children and youth. A number of strategic partners interviewed point to large numbers of young people with little or no income, skills, family support, or schooling. Easily manipulated by militias or forced into risky survival strategies, they are recognized as a major force for destabilization in the country.

The evaluation found that some displaced communities were not reached by the response. For example, some rural communities fled into the bush, while most fled to town centres and IDP sites where humanitarian agencies targeted assistance. In the bush, they would have suffered acute unmet needs, leading to high rates of mortality and morbidity. In December 2013, Save the Children reported many had died from untreated common illnesses such malaria and diarrhoea, the majority of them children.\textsuperscript{71} In August 2014, UNICEF reported that some populations remained in the bush in dire circumstances. Since their needs were not assessed or targeted, it is unknown how many people were in this category or what happened to them.

Peuhl nomads have also been poorly covered by the response. The Peuhl are not integrated with other IDPs, and their transhumance corridors were blocked. Strategic partners interviewed suggest their education and food security needs were neither sufficiently understood nor adequately addressed.

UNICEF provided less assistance to the north of the country where fewer needs were identified. However, preliminary results from the SMART survey on measles coverage (data collection in September–October 2014) indicate important disparities between regions – from 87 per cent in Bangui area (Health Region 7) to 29 per cent for Basse Kotto prefecture (Health Region 6). The SMART survey also shows the Vakaga prefecture was poorly covered by emergency nutrition, with only one partner covering its health needs. By focusing its assistance in the south and west, UNICEF could foster resentment in the historically neglected north, which gave rise to the Séléka movement, thus possibly perpetuating a cycle of neglect, resentment and conflict.


2.4 CONNECTEDNESS

UNICEF’s response strategy was insufficiently connected with longer-term development goals. The response remained formally (on paper) aligned with longer-term development goals, although these were not well articulated during the 2013–2014 implementation period. UNICEF supported some development in practice (especially in health and education), even while it remained focused on the emergency response. It continued to have building government institutional capacity as a priority and it recognized the need to strengthen community capacity and resilience.

However, UNICEF did too little to promote early recovery – assuming a ‘phased’ approach to emergency and recovery – and invested too little in community resilience. Stakeholders doubt that “UNICEF promoted national recovery and reconstruction,” with a majority unsure or unable to answer (27/52), and a notable minority (10/52) disagreeing (see Annex 2).

Recovery

**EQ 8.1** Has UNICEF’s response shifted from emergency to recovery where needed/possible?

**EQ 8.2** How quickly have early recovery activities been set in motion in areas where conditions allow?

**EQ 8.3** To what extent has UNICEF seized the transformative potential of the crisis to help ‘build-back better’ for the long term – that is, forging better prospects for children and women in the Central African Republic?

UNICEF strategy articulated no clear link between emergency and development. CO respondents recognize UNICEF’s 2014 work-plan focused almost exclusively on emergency response, when the country needed humanitarian and development activities alongside each other (i.e., a ‘contiguum’) and not as opposite poles (a ‘continuum’). Strategic partners also recognize that the Strategic Response Plan 2014 concentrated on relief and not development, whereas a balance was needed between independent humanitarian action and government-led development.

UNICEF strategy remained focused on emergency relief, without shifting towards a recovery phase until the end of 2014. CO respondents explained that UNICEF remained hopeful during much of this period that its regular development cooperation programme could resume, and that it was difficult to contemplate a recovery phase without a functioning state in much of the country. UNICEF’s Emergency Response Plan 2014 considered any such shift towards recovery as blocked by insecurity and displacement, and the regional Annual Report 2014 expressed the hope that MINUSCA’s arrival would enable a “more progressive transition” from a “largely humanitarian focus of programme delivery.”

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72 Country Office Annual Report 2014 for Central African Republic (CAR), WCARO.
Strategic partners agree the emergency did not allow for more to be done towards recovery until the intensity of the emergency subsided. UNICEF respondents at other levels concur, and highlight the return of development activities in 2015.

In support of a more nuanced approach, some CO respondents warned against moving too quickly into recovery and development phases while conditions remained fluid. A few strategic partners interviewed suggest UNICEF was not forward-looking enough, should have done more to promote development alongside emergency relief, and underestimated the importance of conducting parallel humanitarian and development activities (contiguum approach). In 2015, UNICEF and others prepared country plans aimed at transition and development while maintaining a humanitarian response in some areas.

UNICEF strategy did little to promote “early recovery” as required in the CCCs, although many of its activities could fit into this category. UNICEF respondents recognize the absence of early recovery in UNICEF’s strategy, and strategic partners see a larger gap caused by the absence of an early recovery cluster and an Inter-Cluster Coordination coordinator during this time. The UNICEF Response Plan 2013 (May–December) does not mention early recovery, but the UNICEF Response Plan 2014 identifies some opportunities in programmes for early recovery alongside relief response. The CCCs integrate early recovery commitments in all sectors, specifying that early recovery requires contextual analysis and should be implemented simultaneously with the response (citing the IASC Working Group on Preparedness and Contingency Planning).

In practice, UNICEF conducted many activities that fit the criteria for ‘early recovery’, including the back-to-school programme, rehabilitation of health facilities, schools and water points, community capacity development activities and peacebuilding initiatives, among others.

**National capacity**

EQ 8.4 In what ways has local capacity (i.e., government, civil society and other partners) as well as the quality of local staffing been supported and developed by UNICEF’s response activities?

EQ 8.5 Have sustainability approaches always been appropriate?

UNICEF prioritized government institution capacity-building as required by the CCCs. CO respondents reported that UNICEF sought to reactivate some state structures, working with functioning parts of the State wherever possible and developing state capacities where INGOs were absent. This approach involved enabling, training and paying the wages of health workers, teachers and nutritionists. Those interviewed indicate that this process probably allowed a greater impact at a lower cost than working through INGOs and distinguished UNICEF from some INGOs that substitute state structures. Other UNICEF respondents point out the response included some “very decentralized” capacity-building at local or municipal level, for example, by temporarily paying staff salaries in health centres. Implementing partners observe that UNICEF strongly encouraged them to build the capacity of workers in the public sector. Strategic partners see that UNICEF supports government capacity at policy and technical levels in each core sector, but stress the need for active and informed government involvement – suggesting that UNICEF could adopt a

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more supportive role, and do more to take the government's opinions into account.

In practice, UNICEF’s strategy relied relatively little on government capacities in 2013–2014. UNICEF respondents note the response relied less on government capacity than usual in the Central African Republic, working only where possible with ministries or technical staff. Instead, UNICEF headquarters and RO increasingly pushed the response to channel assistance through NGOs, sign Programme Cooperation Agreements and open field offices. Documents show that UNICEF reduced government capacity-building from a goal in 2013 to a strategy in 2014. The earlier ambition to quickly restore local administration and basic services and rebuild government capacity in each sector was replaced by promotion of community resilience as a goal. Strategic partners recognize that humanitarians were forced to substitute government services, due to the lack of a functioning government under Séléka rule.

Communities

UNICEF’s strategy referred increasingly to strengthening community capacity and resilience. The Response Plan 2013 recognizes a need for ‘meaningful change’ to build capacity for community self-support and resilience. The UNICEF Response Plan 2014 emphasizes “promoting community resilience” as an overall response objective, to be achieved through “empowerment of community leaders and mobilization of communities and families.” The regional Annual Report 2014 speaks of various community capacity development activities in the health sector and using C4D. UNICEF recognizes that building community resilience will be central to the recovery phase, requiring more decentralized community-based planning, and providing more tools and knowledge to respond to shocks at that level. UNICEF is well placed to build resilience, given its development assets (field presence, knowledge of terrain and response capacity).

In practice, UNICEF invested little in strengthening community resilience. The RO and headquarters respondents note that resilience was marginal to UNICEF’s “purely humanitarian” response in the Central African Republic, although resilience is a central concern elsewhere in the West and Central African region, and strategic partners also note that community resilience was missing in the wider emergency response. Announcing resilience as a strategic goal, the regional Annual Report 2014 does not report on progress in promoting community resilience, and the Annual Report 2013 reported that community capacity-building was hampered by insecurity. According to one view, UNICEF did not look into strengthening resilience-related programme areas, such as nutrition, where treatment of SAM could have involved coordination with the World Food Programme (WFP), avoiding recurrences and strengthening community surveillance. This is less surprising since the CCCs themselves make little mention of resilience, and UNICEF lacks guidance about what constitutes a resilience-based response, pending completion of an internal

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79 Annual Report 2014 for Central African Republic (CAR), WCARO.
80 Annual Report 2014 for Central African Republic (CAR), WCARO.
81 Annual Report 2013 for Central African Republic (CAR), WCARO.
82 UNICEF, Core Commitments for Children in Humanitarian Action (UNICEF 2010). Resilience is mentioned once in general terms: “Using disaster risk reduction to minimize vulnerabilities and reduce disaster risks for children and women in all programming. This is achieved by investing in early warning and emergency preparedness and strengthening resilience to disasters,” p. 11.
position paper started in 2012. Building community resilience is expected to begin before an acute emergency, based on reducing vulnerability to various types of ‘shock’.

As contributions to transferring the response towards national ownership, UNICEF reportedly invested in building capacity of some national NGOs but missed opportunities to strengthen its own national staff. CO respondents note that UNICEF built capacity of some NNGOs to act as UNICEF implementing partners, notably in education, child protection and GBV. National staff interviewed implied that international surge staff took over their jobs without sharing experience and dominated development and training opportunities. This is despite the fact that national staff will be in the country for the long term, know the country and its people, and could interact better with beneficiaries and government. In 2015, a change in management process plans to redress the proportion of national staff to international staff, with a view to improve the cost-effectiveness and sustainability of the response.

**EQ 8.5 Have sustainability approaches always been appropriate?**

UNICEF did not have an L3 emergency exit strategy, which was understandable in sectors and areas that lacked a functioning government. However, UNICEF did not invest enough in building other national capacities to share ownership: for instance, building community capacity to re-establish services (resilience), NNGOs and national staff. Local capacities needed to be enhanced to enable the implementation of an exit strategy from emergency to development. Even though emergency funding is at risk of becoming even more scarce, low-cost alternatives must be explored to ensure core programmes remain functional and beneficiaries in need have access to alternative services.

The evaluation of connectedness is limited by lack of consensus on how much humanitarian action should support longer-term needs, or what should be ‘key linkages’ to development in the country’s chronic emergency. Moreover, the document review offered little guidance as to which planned activities, indicators, or results count as ‘early recovery’; and UNICEF data were not available on how much is spent on such activities compared to emergency response activities.

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In the wider humanitarian sector, the disaster risk reduction (DRR) approach, which applies to conflicts and ‘natural’ hazards, highlights the need for ongoing resilience building (especially livelihoods) to reduce vulnerability.
2.5 EFFECTIVENESS

UNICEF was effective in delivering programmes in the Central African Republic. While all stakeholders perceive its response as generally successful, analysis shows programmes were effective in achieving results, albeit with some variation across sectors and considerable room for improvement across the response. UNICEF’s ability to achieve results depends largely on internal coordination in UNICEF, staff and financial capacities, delivery mechanisms, monitoring, preparedness and operations. UNICEF made efforts to strengthen internal coordination and capacity, but would have achieved better results with more robust delivery mechanisms, better monitoring, more preparedness and a stronger operations function.

UNICEF programmes were largely effective in achieving results. Data analysis\textsuperscript{84} shows UNICEF met by more than two thirds a majority (12/19) of its targets in 2013, and made steady progress towards meeting most of its substantially increased targets in 2014. However, programmes left considerable room for improvement. In 2013, only 3/19 targets were fully met and 9/19 targets were largely met (above 67 per cent); but 7/19 were far from met or not reported, with education performing least well, and no data for nutrition beyond admittance for SAM treatment. In 2014, only 3/26 were fully met and 7/26 were largely met (over 67 per cent), whereas 16/26 were not met, or without data. Many were around half-met, and only six were less than a third met. It should be noted that several targets were greatly increased in 2014, so many more people were assisted. The actual programme results for key indicators by sector for 2014–2015 can be found in Annex 3.

\textbf{EQ 4.1} How successful and effective has the UNICEF response been in delivering results against its programmatic commitments?

Results

Effectiveness is assessed only for UNICEF’s programmes, in the absence of a strategic results and monitoring framework for the whole response. Stakeholders interviewed consider UNICEF’s response to be generally successful, and all stakeholders highlight its positive aspects. CO respondents felt results were good overall, in that significant results were achieved in relation to targets and indicators, and the response package contributed to saving the lives of many children and adults. UNICEF at other levels noted the response was relatively effective compared to expectations and constraints. Partners stressed the positive results, before mentioning gaps and missed opportunities.

\textsuperscript{84} Sources: For 2014 data, combination of Indicator Tracking Jan.-Dec. 2014 (in: CAR Analysis of Programme and Funding Data) and HPM Indicators (in: CAR Response Plan targets and Indicators vs. 32); for 2013 data Indicator Tracking June–Dec. 2013 (in : CAR Analysis of Programme and Funding Data).
Figure 5. Achievement of targets by sector, 2013

![Graph showing 2013 Effectiveness Targets Achieved](image)

Source: UNICEF monitoring data, multiple sources.

Figure 6. Achievement of targets by sector, 2014

![Graph showing 2014 Effectiveness Targets Achieved](image)

Source: UNICEF monitoring data, multiple sources.
The analysis also shows some variation across sectors. In 2013, WASH and health met or almost met all their targets, whereas nutrition, child protection and HIV/AIDS showed mixed results, and education remained far from its targets. In 2014, with more and substantially increased targets, all sectors show a mix of results, with most targets largely met or more than half-met, and a minority of targets less than a third met, as found in nutrition, health and HIV/AIDS.

UNICEF reporting is inconsistent in its reference to standards. UNICEF clearly reported only in a minority of cases against its CCC standards, half in 2013 and less than a third in 2014. In 2013, only one CCC standard was reported as met (in WASH) and, out of 16 indicators reported, another 7 were largely met. Almost all the rest were not clearly reported on or no standard was given. In 2014, only 1 standard was met, 3 more were largely met, and 5 were not met out of 30. However, 21 were not clearly reported or no standard was given.

WASH
UNICEF’s WASH programme was considered successful overall, benefiting from positive relations with government authorities and the state water distribution company (SODECA) and sound programme structure. The UNICEF CO and UNICEF headquarters/RO saw the WASH programme as among the most successful, making impressive progress in 2014 and bringing clear benefits to the affected population through provision of safe water to IDPs. WASH had good relations with government authorities and jointly implemented mapping of needs and planning of supplies and pumps. UNICEF headquarters/RO saw the collaboration with SODECA as key in connecting supplies to IDP sites and creating water stations in Bangui for returnees. Beneficiaries also saw the WASH activities positively, noting that the water quality was good and water was installed without any problems in 2013. Although the WASH programme was in general seen positively, UNICEF faced some challenges in implementing the activities, including delays in provision of supplies, security, lack of funding and partner capacity, and scaling up and quality standards.

Nutrition
UNICEF was considered successful in its provision of supplies and in achieving the targets that it set even with the low level of funding it received compared to other sectors (receiving only 48 per cent of funds needed). UNICEF headquarters/RO highlighted that UNICEF appeared to have been a significant donor of supplies for treatment activities in health posts both with and without an NGO presence, which was crucial for ensuring the provision of services. UNICEF’s ability to exceed its original target of 16,800 for SAM in 2014 was seen by some as an indicator of success. Nutrition activities were achieved through mobile teams, quality INGOS and a functional cluster that allowed a mapping of needs. UNICEF faced some challenges in terms of timeliness, setting realistic targets, security, targeting and partners.

Health
UNICEF was considered successful in its vaccination campaigns, bed net distribution and reproductive health programme. Start-up for the bed net distribution, vaccination and health services was considered to have been implemented with a quick response at the beginning. Vaccination campaigns reportedly reached the population possible, with good coverage of IDP sites, and UNICEF achieved 100 per cent of its target for distributing bed nets. In addition, UNICEF’s reproductive health programme was reported by strategic partners to have worked well. UNICEF faced some challenges in monitoring, insecurity, low capacity, moving into emergency mode and the impact of the health programme.

HIV/AIDS
Security was highlighted as a major challenge in implementing HIV/AIDS activities. According to the UNICEF CO, security conditions were the
major factor in explaining the low provision of ARV prophylaxis to children and pregnant women. UNICEF CO considered that more could have been done in terms of HIV/AIDS activities, even though prevalence was reportedly rolled back to pre-crisis levels. In addition, implementing partners saw HIV/AIDS prevention, care and treatment as generally weak.

Child protection
Partners perceived UNICEF’s child protection programme was well conceived, effective and made important contributions to the protection of children, especially by providing services on IDP sites. The release of children associated with armed groups gave continuity to activities under the UNICEF programme 2012–2016, met some Monitoring and Reporting Mechanism (MRM) obligations, and reached growing numbers. The child-friendly spaces provided psychosocial care to large numbers of children in Bangui and Bossangoa and appeared to be the main mechanism for identifying unaccompanied children in IDP sites. Beneficiaries observed that children, communities and teachers all appreciated the child-friendly spaces. However, the programme faced multiple challenges: in particular the restrictive security environment blocked access to some highly vulnerable populations and hampered the release of children from armed forces, and GBV interventions.

Education
UNICEF’s education activities were important in supporting children, and the organization was perceived as being quick in setting up the temporary learning centres. Beneficiaries noted that the support provided to them for education and child-friendly spaces had positive effects on the children, communities and teachers. They viewed the education activities as helping children by promoting social cohesion among them, enabling them to forget the trauma and keeping them out of trouble. Beneficiaries also noted that without UNICEF’s support in provision of supplies and financing and payment for teachers and staff, they could not have continued education activities. The UNICEF CO agreed on the importance of the education activities. Both the UNICEF CO and beneficiaries emphasized that UNICEF had been quick to establish the temporary learning spaces, filling gaps in education provision for displaced children. However, UNICEF faced challenges in funding, provision of supplies and access to school, availability of data and suitability of indicators, timeliness and security.

Rapid Response Mechanism
According to the UNICEF CO the RRM achieved greater successes in 2014 than 2013. Following an intervention by ECHO, the European Commission’s Humanitarian Aid and Civil Protection Department, the RRM brought in a new team, made multiple improvements and increased investment in creating tools. The RRM also interacted more with the humanitarian community, participated in the clusters and undertook more committed fund-raising. However, the RRM faced several challenges: in particular, timely access to IDP sites, which is crucial.

Factors
During the inception and data collection phases, it became clear that UNICEF considered internal factors to be most important in achieving programme results in the Central African Republic, including internal coordination, delivery mechanisms, capacity, monitoring, preparedness and operations.

**EQ 1.10** How appropriate and consistent is the support provided by UNICEF’s headquarters and the Regional Office in meeting the needs of the Country Office in the Central African Republic?

**EQ 1.11** How did this support change when moving from an L2 to an L3 emergency?
EQ 4.6 How well has organization-wide mobilization under the L3 procedures (as well as under the L2) supported the response in CAR?

EQ 4.8 Have L3 (and L2 if applicable) Simplified Standard Operating Procedures (SSOPs) resulted in improved effectiveness?

EQ 7.3 How did the coordination mechanisms between UNICEF headquarters, the Regional Office and CO perform in terms of effectiveness and efficiency?

EQ 7.5 How well and quickly have the SSOPs for L3 (and L2) been communicated at various levels of the organization?

Internal coordination

During the L2 phase, the CO did not become operational or prepare adequately. “We activated an L2, we were not preparing as we should and then found in the first week we did not have capacities to respond,” said one CO respondent. Based on the experience in the Central African Republic, a UNICEF paper points out key areas to be addressed: risk analysis, scenario planning, resource mobilization, cross-cutting areas (office governance, human resources, partnerships, supplies and logistics, security, and monitoring and evaluation), major programmatic points and information sharing. UNICEF’s L2 weaknesses were compounded by weakness at the Humanitarian Country Team level, where efforts to ensure preparedness were also considered inadequate. UNICEF felt an opportunity was missed to enhance operational capacities, ensure capacity for response and trigger changes that would prevent the need for an L3 declaration. Those interviewed suggest that whenever UNICEF declares an L2, the RO and headquarters should enable and ensure that the best capacity possible is available to respond.

Level 3

The L3 declaration led to a critical increase in capacities and resources for the response. UNICEF respondents said the response could not have been achieved otherwise, calling the L3 declaration “critical,” “crucial,” “essential” and “game-changing,” and especially in the Central African Republic where UNICEF emergency response structures were considered particularly weak. The L3 mechanism allowed emergency managers to articulate scale-up requirements, and brought a sense of urgency enhanced by the Executive Director’s engagement and media attention. The L3 brought unprecedented financial resources to the CO and all programmes, with the EPF increasing funding to US$50 million and enabling UNICEF to achieve targets – a determining factor in the absence of other funding. Additionally, the CO was afforded technical support, guidance and expert consultants as a result of L3 triggering. It provided human resources support through fast-track recruitment and surge deployments, leading to the rapid deployment of highly competent staff “who knew what worked and what did not,” and “sometimes made a big difference.” It provided for a “simplification” of procedures for signing Programme Cooperation Agreements, by reducing the signing of a PCA from one month following the normal procedure to three days, and permitting the technical review to be done through mail poll instead of through a formal committee.

However, the L3 did not attract the level of resources expected or make optimal use of capacities. CO respondents emphasize that L3 could have achieved more with funding, human resources, procedures and operations. Questions are raised about whether the L3 in the Central African Republic received proportionate attention as other L3 crises, whether UNICEF made enough concerted effort to support the response, particularly in the areas of communications and fund-raising. Opportunities were missed to take advantage of L3-related human resources opportunities, to train staff to this end, to recruit the right
people and to make use of fast-track recruitment – as many staff took several months to deploy. An office with 261 staff in 2014 posed major management and organizational challenges, leading to some bottlenecks, inefficiencies and confusion. Optimal use was not made of simplified procedures, financial transaction times remained slow, payments to partners remained unchanged (instead of being reduced to one week) and PCA procedures remained cumbersome. As one respondent explained, “In late January 2014, most of the staff saw only the negative aspects and burdens, and not the added value or benefit from simplified procedures or advocacy. Two or three months later they started to see positive aspects when funding and staffing capacities increased.”

The L3 was not well coordinated between the CO and other levels of UNICEF. Some CO respondents felt lines of responsibility between the CO, the Immediate Response Team and the RO were unclear. Some indicated that the IRT members expected to ‘replace’ the country team (answering to the RO), adopted a ‘policing’ role and hindered a CO-led response. In addition, it was said that the IRT had an “inflexible” application of experience from other contexts and lacked relevant experiences in nutrition, security and communications. When the CO leadership asserted authority, the IRT felt unable to function as a team, and the IRT leader resigned. CO respondents also question the value of long hours spent on conference calls with the RO and headquarters, communication barriers with partners, a need to explain L3 processes to CO staff, and the inability of the IRT to work as a team (they submitted no team plans).

Management

Mixed views are expressed about the CO leadership. Some CO respondents emphasize the CO leadership achieved results by maintaining the right direction in the face of multiple pressures; by effectively articulating UNICEF’s mission; and by motivating staff, including national staff affected in 2013 (solving their problems, getting involved alongside them, attending family and social events). Others suggest the CO leadership lacked the competencies necessary to manage a response of such a scale, a view expressed by senior humanitarian leaders from the United Nations and UNICEF on a visit to the Central African Republic in 2013. UNICEF did not impose the ‘step-aside’ model that would have replaced the leadership but continued with the ‘maintain and support’ approach. Nevertheless, trust in the leadership was damaged, leading to doubts and divisions among staff. Subsequently, the representative was reassigned, and from May to October 2014, UNICEF did not have a representative present in the country.

Procedures

The CO’s procedures were too slow, as highlighted by all institutional stakeholders. Implementing partners unanimously complain of the CO’s slow procedures for negotiating PCAs and releasing payments, and strategic partners observe the procedures were “particularly slow.” UNICEF stakeholders feel slow procedures were a major obstacle to scaling up the response, and that simplified procedures (PCA, operations) were not implemented; some opted to work with national partners because procedures were lighter. Implementing partners reported it took a month to sign a PCA and another month for the funds to be released, leading to late starts and delayed results. CO respondents
suggest that PCA approval remained slow due to dual systems for checking cash outflow and PCAs, as well as partner weaknesses in project log frames and budgets presented, incomplete documents and poor knowledge of UNICEF procedures. Introduction sessions and webinars had failed to raise CO staff’s understanding of simplified procedures.

UNICEF’s financial processes were considered particularly slow, and the L3 procedures did little to improve on UNICEF’s 30 days to pay bills, PCAs, or dispense cash for field operations. Mobile teams who responded in the first 72 hours sometimes relied on their own money or daily subsistence allowance, until reimbursed by UNICEF. CO respondents note a lack of financial management capacity, reliance on a very small financial team and difficulty in recruiting staff (especially at managerial levels), while still managing a budget of US$71 million.

**EQ 4.7** To what extent have innovative or alternative modes of delivering on the response been explored and exploited to maximize results?

**EQ 5.3** To what extent have innovative or alternative modes of delivering on the response been explored and exploited to improve efficiency?

**Delivery mechanisms**

UNICEF struggled to deliver results using its partnership model, which relies on local and international partners with common objectives and values to deliver projects and supplies in order to implement larger programmes planned and managed by UNICEF and its technical and financial capacity. Until early 2014, UNICEF found very few implementing partners working in the Central African Republic, as few government partners were functional at subnational level, and few INGOs were present with operational capacity. In February 2014, the UNICEF Executive Director sent some 15 letters urging large INGOs to return to work in the Central African Republic, and some responded positively; but CO respondents felt programmes remained compromised by INGO partners’ weak capacity, poorly designed projects (and associated log frames), inability to absorb UNICEF supplies, lack of start-up funds and threat to leave the country unless they received funding. They add that INGO projects aligned poorly with local governance structures, rejected any capacity-building role, and maintained different standards and protocols (e.g., for SAM). In this context, UNICEF relied more on the RRM and sought to develop wider partnerships, with national actors such as the Central African Red Cross and faith-based organizations; although UNICEF could have explored new partnerships and more innovative solutions (in Sudan UNICEF worked with community leaders as partners) while properly managing increased risks.

**Direct implementation**

UNICEF resorted frequently to direct implementation. UNICEF delivered directly through mobile teams and field offices, when other providers were absent and UNICEF had competent emergency staff in the field: for example, in Bossangoa in 2013, when UNICEF established a camp and delivered plastic sheeting, and in Bangui in 2013, when UNICEF delivered tents and kits and trained people to make child-friendly spaces. UNICEF may consider the use of alternative delivery model with different methods, including direct delivery (which it reportedly uses elsewhere) in situations where implementing partners are absent or functioning poorly or where it could add specific value. To enable this option, UNICEF would need to define under what conditions it should be mobilized to strengthen its emergency capacities and revise its processes accordingly.

**Innovations**

UNICEF adopted some important innovations in the Central African Republic, including
the RRM approach (see Box 1 above). Other innovations included the use of mobile teams to provide ‘protection by presence’, third-party monitoring to collect additional data on UNICEF activities and needs, and the U-Report SMS mechanisms for collecting data to contribute to assessing needs. The regional Annual Report 2013 also referred to UNICEF’s collaboration with MapAction and the European Open Source Humanitarian and Volunteers (EUROSHA) to provide real time information and maps to supply data for decision-making and emergency coordination. In 2014, UNICEF also scaled up its social media presence to liaise with key influencers and engage followers in the ‘forgotten’ crisis in the Central African Republic.

UNICEF did not explore other innovative delivery mechanisms. CO respondents note the response could have been more up to date in its approaches, and that UNICEF did not explore the possibility of using cash-based programming; mobile phones and information communication technology (ICT); alternative shelters (not plastic sheeting), solar lamps (to help protect against sexual violence), or fuel-efficient alternatives to firewood. Other UNICEF respondents saw little innovation in the Central African Republic, despite a growing use of mobile phones and ICT in other responses. Cash-based programming was dismissed due to the limited banking system, although elsewhere private sector traders are used.

**Comparative advantage**

UNICEF lacked a clear awareness of its comparative advantage in the country. Questions are raised about why donors should work through UNICEF instead of dealing directly with implementing partners, and what coordination value UNICEF offers in addition to OCHA and the clusters. Some UNICEF staff preferred to work only with INGOs to reduce risks and increase capacity, and others preferred to work with the government without implementing directly. UNICEF’s comparative advantage may also be considered at programme level, given that the following partners and combinations were considered more effective in these sectors: WASH (government), nutrition (INGOs), vaccination (government), health care (NNGOs and INGOs).

Respondents at higher levels of UNICEF suggest UNICEF’s strong comparative advantage is in thematic cluster coordination, due to its technical expertise and the absence of other partners, or its dual mandate and decentralized structure to mobilize a response and build resilience – albeit strongly dependent on UNICEF’s ability to leverage or ‘telescope’ capacities at the CO, RO and headquarters. Strategic partners suggest UNICEF can add most value by addressing the country’s chronic education problem in the mid- to long term.

**Capacity**

As noted in section 1.9 above, funding has been inadequate compared to requirements, especially in 2013, but has not negatively impacted coverage as UNICEF received un-earmarked internal EPF funds. Delayed funding has been, however, a major hindrance in the effectiveness of the response, affecting programme results.

Table 4 provides the appeal targets and funding received for 2013–2015. Funding levels for UNICEF in the Central African Republic remained low during the evaluated period, in relation to both requirements and comparable agencies. In 2013, UNICEF’s requirements were 53.8 per cent covered, leaving unmet requirements of US$14.7 million. In 2014, UNICEF’s requirements were 56.7 per cent covered, leaving unmet requirements of US$35.1 million. In 2015, UNICEF’s appeal was for US$71.0 million, and in this poorly funded response, 58.5 per cent was funded.85

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While UNICEF CO considered lack of funding as the main constraint on the response and its effectiveness, UNICEF headquarters/RO and partners considered it as a factor hindering effectiveness to a lesser extent. However, they all were aware of some degree of financial strain due to the low global priority given to the crisis in the Central African Republic. This meant that none of the organizations, including UNICEF, were able to meet all of the needs, which led to gaps in each of the sectors, some sites lacking services, especially those with high levels of tension. In addition, the limited emergency funds required the switching between development and humanitarian funding to support emergency priorities, which of course hinders development processes. Limitation in funding was also responsible for the slow negotiation of contracts, delays and failures to renew contracts.

Despite some variations, funding levels for UNICEF programme components remained indeed generally low and slow to materialize. In 2013, the best-covered programmes were education (eventually more than 100 per cent), health (67 per cent) and child protection (57 per cent), whereas other programmes received less funding: nutrition (46 per cent), and WASH (13 per cent). In the 100 Day Plan of 2014, all programmes received less than a third of the requirements: WASH (32 per cent), NFI (26 per cent), nutrition (24 per cent), child protection (23 per cent), health (16 per cent) and education (0 per cent). In the Response Plan 2014, by September 2014, funding levels remained poor, with none of the programmes more than half covered: health (50 per cent), NFI (50 per cent), WASH (38 per cent), child protection (38 per cent), nutrition (33 per cent) and education (6 per cent).

UNICEF publications stressed the consequences of not receiving additional or sufficient funding: “UNICEF will be unable to respond to children and women with life-saving interventions in the face of escalating conflict and violence” (HAC 2013 revised) and “UNICEF will be unable to support the national response to the country’s ongoing complex humanitarian and protection crisis” (HAC 2014). However, UNICEF did implement its programmes and set out to meet basic needs, with the assistance of US$12 million in EPF funding.

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Funding has been affected by the priorities and interests of different organizations. Donors tend to fund according to their interests and priorities, and some of them prefer to fund through implementing partners rather than United Nations coordinating structures.

**Human Resources**
UNICEF mobilized surge capacity to significantly increase staff numbers in the Central African Republic. Documents show the “understaffed” CO immediately mobilized staff by activating for the first time a combined Africa-wide surge capacity mechanism as well as the online e-Recruitment system; by quickly recruiting an IRT composed of 11 members with extensive emergency experience; and by drawing on an emergency response mechanism under the global clusters and bringing in consultants, retirees and UNICEF standby partners from NGOs and governments. At its peak, 96 surge staff were deployed to Bangui and field locations, adding to the 108 existing, pre-crisis UNICEF staff members in the country. Surge staff included staff members working in programmes, communications, administration and operations, as well as cluster coordinators and information managers in WASH, nutrition, education, health and child protection. The surge recruitment worked well, with efficient and fast-tracked selection of candidates, and the RO contributed significantly to this success, with an Emergency Human Resources specialist in place to coordinate recruitment. Surge capacity staffers are not deployed for long, and in April 2014, the CO prepared a large Programme and Budget Review (PBR) submission aimed at regularizing staff in place. By May 2014, over 90 new national and international staff members were being recruited for the year, and 21 longer-term staff were hired.

87 Volker Hüls, conversation with Division of Human Resources staff in New York headquarters in January 2015.
88 UNICEF CAR Four Month Report, May 2014.
Still, UNICEF struggled with human resources capacity challenges. CO respondents report various difficulties in filling and funding posts, questions about competencies, lack of emergency experience, lack of UNICEF experience, “wrong staff” imposed on programmes, opaque recruitment interviews, delays in recruitment and a limited pool of French speakers at the same time as the Mali crisis. UNICEF at other levels highlight low staff capacity before L3, the inability of many regular staff to move into emergency mode, the difficulty in attracting highly competent staff to the country, the challenge of having highly competent staff in place during a chronic crisis and before an acute crisis, and a general lack of preparedness and foresight about when emergencies are likely to occur. Reference documents show that despite the inclusion of a human resources specialist in the IRT team, the CO’s Human Resources department did not receive sustained support with recruitment, and the surge was complicated by the existence of many unfilled posts in the CO and by the requirement that staff should be French speakers. Respondents also highlight reliance on the IRT members, whom documents show deployed incompletely, had poorly defined roles and responsibilities, and some of whom withdrew early.

UNICEF made too little use of national staff. According to one view, the response was driven by international professional staff, who outnumbered (3:1) and “bypassed” national staff. Yet others report that national staff performed well and played significant roles, for example in mobile teams where non-emergency staff including women led missions, established dialogues, collected information and offered ‘protection by presence’. Some national staff believe Human Resources did not seek to recruit or promote qualified national staff, encourage their advancement, support them with training, or recognize their added value in communicating with the government, national actors and beneficiaries. They note the CO’s training committee was not functioning, no training plan was in place and induction training was minimal.

**Box 3. Humanitarian Performance Monitoring (HPM)**

In major humanitarian situations (e.g., where appeals exceed US$15 million in emergency funding), UNICEF Country Offices prioritize and redirect their monitoring efforts in line with the Core Commitments for Children (CCCs).

HPM is a results-based management approach introduced by UNICEF to monitor results of its humanitarian response in line with the CCCs. It is intended to guide the Country Office in the humanitarian response, by answering four key questions: (i) does the CO have enough resources to respond; (ii) is it making enough progress to meet the needs of the affected populations and against set targets; (iii) what is the quality of UNICEF’s response; and (iv) is the CO meeting Cluster Lead Agency accountabilities?

HPM focuses on four key elements: i) monitoring programme progress through implementing partners’ reporting against 2–3 key high-frequency indicators per sector; ii) monitoring programme quality through field monitoring including collection of systematic feedback from the affected populations; iii) cluster coordination milestones monitoring for UNICEF Cluster Lead Agency accountabilities; and iv) tracking key UNICEF operations support indicators.

HPM also feeds into the wider UNICEF Performance Monitoring systems and better equips the organization for external accountability to local authorities and partners, donors and National Committees.
Monitoring

UNICEF monitoring of the response left room for improvement. UNICEF relied on the HPM approach (see Box 3) to keep UNICEF and partners focused on achieving results. HPM was seen, however, as ‘administrative’ and did not capture qualitative progress. HPM can capture both qualitative and quantitative data if well implemented. Field monitoring to support HPM with data on quality and a third-party monitoring mechanism were both used. However, information from these sources was not used to inform improved implementation or hold implementers or indeed UNICEF teams to account. The evaluation did not find evidence of real-time evaluation and ongoing lessons learned exercises that could be used to adapt the response to operational realities and question delivery mechanisms.

UNICEF staff interviewed recognized weaknesses in programme monitoring, evaluation and accountability. Complaints were made that NGOs sent HPM figures but did not properly monitor or hold themselves accountable. At the same time, UNICEF did little to hold implementing partners to account and maintain common standards in implementation (the evaluation found that INGOs use widely different standards, including for instance 16 types of latrines); this could have been done through Programme Cooperation Agreements management or through clusters. Where staff made monitoring missions there was very seldom sharing of reports with partners or utilization of field monitoring results for ongoing learning. Implementing partners interviewed indicated that UNICEF was constantly demanding figures for numbers of beneficiaries reached, showing less interest in the quality of the response.

Before the L3 started, the CO put in place a third-party monitoring mechanism, whose aim was to monitor the progress and performance of emergency interventions of implementing partners in accordance with agreed outcomes contained in the respective PCAs. However, the evaluation did not see such third-party monitoring reports to acknowledge that analyses of findings had informed daily programme management and improvement, or reported any challenges to implementation. Those interviewed suggested the need for UNICEF to go beyond the HPM frame, identify and address some qualitative questions, consult samples of beneficiaries, add a narrative reporting element (in situation reports [“sitreps”], donor reports, etc.) and be accountable for these to senior authorities in UNICEF.

From a global perspective, the UNICEF CO has provided inadequate field monitoring to support HPM with data on quality that could have been shared with the RO and headquarters for joint review. More broadly, there is a need to understand what data are needed beyond HPM data and what innovative methods may be used for collecting data.

Preparedness

Preparedness has been a major weakness in the Central African Republic. UNICEF lacked a plan to deal with a rapid deterioration of the emergency, and this resulted in late sectoral responses. The UNICEF CO and partners interviewed recognize that preparedness was weak, lacking proper contingency planning. This was most noticeable during 2013 and 2014. UNICEF recruited a Chief of Emergency, and established an emergency section to address issues within the emergency response. This function supported the preparedness dimension for all programmes and followed evolving risks.

within the emergency. The Chief of Emergency was required by the CO since existing staff were not sufficiently prepared for emergency response, reacting to pressures and adjusting to shifting realities. Preparedness normally flows from a situational analysis, which was not conducted in the Central African Republic. Partners believe that responsibility for lack of preparedness ultimately lies with the RO/headquarters and partners (including donors), which collectively left relatively low capacities in the country until late 2013, despite fragility and conflict and the threat of a coup in 2013. Preparedness requires resources and corporate commitment to maintain structures that can better analyse and mitigate risk. The role of the CO would be to raise this problem with the RO/headquarters.

Operations

Although operations have made good efforts under very difficult circumstances, they have remained generally slow and disconnected from programmes and results management. UNICEF CO programme staff interviewed felt inadequately supported by ‘operations’, a multifaceted CO function that includes finance, human resources (discussed above), supplies, security, transport\(^\text{90}\) and (previously) field services. In UNICEF, the operations function comprises many different services under one leadership, each of which requires very different competencies. One comment was that operations staff hardly support programmes, but rather serve as ‘mini auditors’ who enforce procedures – perhaps in support of donor accountability. Any ‘strategic’ management of operations is complicated by a disconnect between its work and the achievement of results.

Supplies

UNICEF CO managed a strong supplies and logistics system. In 2014, it handled a supply plan of almost US$24 million and total delivery of US$10 million, with in-country logistics costs of US$1.2 million. The volume increased four times compared to 2012–2013, when supplies were interrupted in November and December 2013. Despite enormous pressures, the flow worked properly with all programmes, and many supplies were ordered and received on time. The fast replenishment of stocks relied on using costly charter flights, given the poor state of the Cameroon–Bangui road. The system benefited from regional and headquarters surge support, including expert surge capacity and on-the-job training. Supplies were relatively well planned for and ordered in advance.

Despite this, emergency stocks began to pile up in UNICEF warehouses. One reason was the poor absorption capacity of implementing partners, who also began to treat the UNICEF warehouse as a shop, without taking responsibility for ordering or shared ownership of the supply system. Another reason was unplanned ordering (by programmes), which began to incur extra costs in stranded containers. The sections could not understand how orders were related to specific targets or why beneficiaries were not receiving supplies. To enable a more strategic and efficient supply approach, those interviewed suggested an improved linkage between supplies and logistics and programme results and to increase management communication between the section and programmes.

\(^\text{90}\) Emergency response teams struggled greatly with transport, and difficulties persisted even after the establishment of Movcon, an internal service that deals with all travel and transport (until an IRT proposal, only one person managed that).
2.6 EFFICIENCY

While UNICEF was slow to respond to needs outside of Bangui in 2013, the organization acted quickly to scale up its operations in 2014, and expanded coverage to support a large number of people in need across its core sectors. HAC funding requirements for the Central African Republic rose steeply throughout the period, and UNICEF spent more than US$105 million in the country during 2013–2014. The response was sometimes slowed by financial accountability procedures. However, it is difficult to measure how efficiently the programmes were delivered, as UNICEF does not collect all necessary information that allows for full efficiency assessment.\(^\text{91}\)

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**EQ 5.1** How efficiently has UNICEF used the resources dedicated to the response to deliver high-quality outputs in a timely fashion, and to achieve targeted objectives?

**EQ 5.3** To what extent have innovative or alternative modes of delivering on the response been explored and exploited to improve efficiency?

**EQ 5.4** Have the Simplified Standard Operating Procedures (SSOPs) for L3 (and L2) resulted in improved efficiency?

**EQ 5.2** How cost-effective has each intervention been in achieving targeted objectives?

**EQ 5.5** How long did it take to operationalize plans, including through the development and finalization and clearance of programme cooperation agreements?

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**Costs**

HAC funding requirements for the Central African Republic rose steeply throughout the period, from US$32 million in July 2013, to US$62 million in January 2014 and US$81 million in June 2014. Using the WHO/UNICEF models, requirements per beneficiary in the Central African Republic amounted to US$28.2 in January 2014 and climbed to US$45 in June 2014; this was high compared to the neighbouring Democratic Republic of the Congo (US$15.3), but similar to neighbouring South Sudan, another landlocked country facing an acute emergency and an L3 response (US$23.9 in January 2014 and US$58.4 in July 2014).\(^\text{92}\) However, these HAC figures offer a poor means of comparison, telling nothing about severity of needs, costs of meeting needs, quality of services delivered or relative efficiencies.

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\(^{92}\) Team calculations using data from UNICEF, *Humanitarian Action for Children 2014*. 
The CO spent US$34.2 million and US$71.5 million on the response in 2013 and 2014, of which US$9.6 million and US$22.8 million were spent through civil society organization implementing partners. Analysis of data provided by the CO indicates that spending in 2013 went to programme activities (27 per cent), supplies (30 per cent), operations (31 per cent) and human resources (12 per cent); while in 2014, spending was on programme activities (31 per cent), supplies (27 per cent), operations (26 per cent), human resources (10 per cent) and others (6 per cent). Remarkably, more than three times the amount budgeted was spent on operations in both years, reducing most significantly the amounts spent on programme activities.

Spending on each element was similar across programmes. In 2014, WASH, education, child protection spent the largest portions on programme activities (57–66 per cent), except for child survival and development, which spent just 15 per cent on programme activities and a very high 62 per cent on supplies. Spending on human resources was generally constant at around 14–15 per cent, except WASH which spent just 3.6 per cent.

93 These figures provided by the CO show spending by the CO, but do not include costs incurred by EMOPS or the IRT. Spending through civil society organizations does not include spending through government partners.

Information gaps

Assessment of efficiency is severely constrained by a lack of information on costs for achieving specific results. The reporting document, CAR All Expenditure, provides no clear breakdown of expenditure by the budget categories used in plans; namely activities, supplies, human resources and operations. Nor does it enable assessment of expenditure on activities listed in the programme document under each result. In addition, the evaluators have been unable to find data on headquarters-related costs, emergency and regular funds spent, and budgeted and actual expenditure.

Financial procedures

The emergency response was sometimes slowed by financial accountability procedures. CO staff and implementing partners expressed confidence in UNICEF’s financial accountability, which relied on a range of standard mechanisms and procedures, including some adapted for the emergency, such as the Cash On Hand Account (COHA) and a Harmonized Approach to Cash Transfers (HACT). But tension existed between financial accountability and efficient programme delivery. Most stakeholders reported that UNICEF’s procedures, including financial accountability procedures, slowed the response and therefore reduced its efficiency.

Pace of the response

In 2013, UNICEF was slow to respond to needs outside Bangui. Unlike INGOs active in the Central African Republic, UNICEF and other United Nations organizations were constrained in 2012–2013 by security measures and the evacuation of staff, prompting criticism from Médecins Sans Frontières that most United Nations staff were evacuated in December 2012 from Bangui and field locations and redeployed in Bangui only six
months later. Médecins Sans Frontières also rightly criticized the United Nations system for conducting an assessment only in October 2013, and then showing no sign by the end 2013 of “an adequate humanitarian reaction to the needs generated by repeated outbreaks of violence,” including those of tens of thousands of IDPs around Bossangoa. In October 2013, United Nations Emergency Directors also found that NGOs complained consistently about UNICEF delays in “getting PCAs out,” although they were generally very positive about the UNICEF-supported RRM. On the other hand, CO respondents report UNICEF was the first United Nations organization to reopen in the Central African Republic in 2013, and the first to become operational outside Bangui, thanks to mobile teams during June–September 2013.

UNICEF programmes showed gradual progress overall and some improvement from 2013 to 2014 in the timeliness of results achieved. Despite the slow progress in 2013, UNICEF greatly scaled up its operation in 2014. Within a few months of the L3 declaration, UNICEF expanded coverage to support a large number of people in need across core sectors in a very constrained operating environment. The regional Annual Report 2014 noted a record 136 PCAs were signed in 2014, including 34 with national NGOs, for a total value of US$22,829,209. Yet, as also noted above (Effectiveness), PCA approval processes remained slow – this large number of PCAs contributed to the slow approval process.


2.7 COORDINATION

UNICEF’s response and programmes were coordinated with other actors, and its wide-ranging agenda highly valued by stakeholders. UNICEF ensured that all the clusters it led had a dedicated cluster coordinator and met on a weekly basis. As lead for the WASH, education and nutrition clusters and for the child protection sub-cluster, UNICEF carried the most weight within the cluster system. Inside the HCT, the UNICEF representative not only represented UNICEF but also these clusters, allowing for a broader overview and a degree of ‘double representation’.

Institutional stakeholders largely agree that “UNICEF worked with other agencies to meet needs,” with a majority of respondents agreeing (22/52) or agreeing strongly (25/52) with this statement. General agreement by strategic partners reflects positively on UNICEF’s investment in coordination.

EQ 7.1 How effectively and efficiently has UNICEF fulfilled its cluster leadership obligations?

Cluster leadership

At the global level, UNICEF’s investment in its role as Cluster Lead Agency (CLA) is seen as necessary, and UNICEF has increasingly robust cluster coordination services. Co-leadership arrangements have generally improved since 2012, and UNICEF is seen as being generally effective, although lacking in sufficient cross-cluster coordination and regular implementation of integrated programming approaches. Indeed, finding synergies and identifying gaps within and across clusters is one of the main challenges in cluster leadership abilities. Also, at the global level there is limited clarity on roles and responsibilities in regard to internal units and regional offices, and no systematic approach exists to ensure that the CLA roles are consistently implemented by country representatives. The lack of overarching strategy relates to ‘cluster scope creep’, which significantly affects UNICEF’s ability to perform adequately as a CLA “in terms of relevance, predictability, partnership, efficiency and sustainability.”

There is thus a need to strengthen UNICEF-wide management systems to support the CLA role, including increasing the role of regional offices and better connecting country representatives to the global CLA strategic management structure.

At the country level, UNICEF was generally able to lead the clusters in line with its programme strategies and HPM indicators. In January 2014, the United Nations HCT decided to reorganize all clusters, and recruit senior cluster coordinators, which made a significant difference in a short time. However, stakeholders have mentioned some main challenges for CLAs that are common to all clusters. Overall, security constraints limiting movement in the country have affected clusters’ implementation and monitoring, which has often resulted in limited information, especially outside Bangui. Furthermore, there has been some difficulty in finding highly competent staff.

98 Ibid.
qualified cluster leadership and getting data from partners. Some stakeholders also saw a lack of coordination with funders for the global partnership (European Union, UNICEF and the Government of France) despite UNICEF's participation in the group. Those interviewed also indicated a gap in investing and ensuring that government and national NGOs are involved and that the right members participate in cluster meetings.

There was no mention of cluster coordination in 2013 situation reports. However, after the L3 declaration there was a re-emphasis on the cluster approach, expected to lead to more effective and efficient management. While it helped strengthen the strategic direction of some sectors, participants felt that the efficiency of the clusters could be improved by reducing the number of participants and the length of the meetings – often excessive – and increasing the decision-making capacity of cluster leads. Therefore, through its Programme and Budget Review process, UNICEF sought to strengthen its cluster leadership role by recruiting senior technical experts as coordinators along with P2-level information managers in early 2014.

With regards to inter-cluster coordination, stakeholders considered it weak and disconnected from operational priorities, serving more as an information-sharing forum. During much of 2013–2014, a poorly functioning Inter-Cluster Coordinator and changes in OCHA undermined coherence and convergence between clusters, and impeded strategic issues from being raised to HCT. A proposal was developed in 2014 to reduce cluster meetings by holding inter-cluster meetings around a thematic or geographic priority to ensure cross-sectoral collaboration and enable the rationalization of resources in order to try to mitigate the silo effect. In addition with the aim of strengthening inter-cluster coordination, the United Nations Third Committee nominated the OCHA Head of Office as ICC.

The Inter-Agency Operational Peer Review (OPR) conducted in the Central African Republic from 24 February to 5 March 2014 provided specific recommendations for the HCT. The main recommendation was “to improve the functioning of the inter-cluster coordination group, scale up presence in the provincial capitals and surrounding areas, develop further advocacy and fund-raising strategies and implement a robust security management structure.” In August 2014 the cluster configuration in the country was reviewed and optimized, and subnational coordination was strengthened, with decentralized field hubs equipped with dedicated hub coordinators.

Although UNICEF has tried to achieve results in its four clusters and sub-cluster, the effects varied across the clusters due to different staff capacities. The WASH cluster has had insufficient response capacity and lacked a contingency plan for the regions outside Bangui. The growth of WASH actors in the provincial areas across the country has been slow. Also the education and nutrition clusters needed increased capacity. The nutrition cluster revealed some specific weaknesses such as the challenge in appointing a coordinator, lack of vision, poor management, the need for further analysis on needs and the difficulty of reaching target populations and delivering nutrition assistance in a fluid situation, especially when the affected population is nomadic and socially isolated.

102  Contact meeting on Cluster Coordination, 5 Dec. 2014.
In contrast, and despite the need to strengthen capacity across all clusters, the WASH and education clusters have functioned relatively well because of their general willingness to cooperate, solution orientation and their early thinking towards the transition phase. The education cluster revised its strategy and produced information management tools to guide its members’ interventions, provided a prioritization tool for displacement sites, collected data on attacks against schools, and regularly updated stock. Also, the child protection sub-cluster has worked closely with the protection cluster and boosted communication among cluster partners.

In conclusion, throughout 2014, the UNICEF CO improved its cluster leadership and increased its collaboration with cluster partners. Increasingly, joint successes showed the importance of coordination mechanisms. Clusters were relatively effective in keeping partners informed of gaps and succeeded in managing funds as equitably as possible. In December 2014, the Contact Meeting on Cluster Coordination noted that UNICEF needed to come up with a strategic plan for the continuity of cluster coordination capacity for 2015 and beyond.

**EQ 7.2** How effectively has UNICEF coordinated its response with other key partners?

**United Nations Country Team**

The Global Evaluation of UNICEF’s lead role in the Cluster System (2013) noted that globally, at the time of the evaluation, UNICEF suffered from insufficient clarity on coordination roles and responsibilities both internally across units and externally with partners. Despite the need for clarifying coordination roles, partners have appreciated UNICEF’s key role as an “information provider.” Examples of this role were illustrated in the Annual Report 2013, such as UNICEF collaboration with MapAction and EUROSHA to provide real-time information and maps to supply data for decision-making; and the partnership with the NGO Information Management and Mine Action Programs (IMMAP) at regional level provided support to the CO in terms of information management in mapping the displacement populations. Through the RRM, UNICEF provides all rapid assessments that are used to inform and coordinate sectoral emergency responses by the clusters. The third-party monitoring (3PM) approach, the Yammer group and the recent Activity Info are other knowledge management tools whose information is generated to be used to improve future emergency responses in a coordinated manner. However, information management needs improvement as it has been seen as one main weakness of the cluster mechanism and beyond; especially with respect to transition from quantitative input-output type of data collection, to qualitative data collection and reporting inter-cluster results at outcome or higher levels. The Emergency Directors Mission to the Central African Republic in October 2013 expressed the additional need to strengthen NGO–United Nations coordination and cooperation.

The general view on coordination at UNCT/HCT level suggests that it undermined coherence and preparedness in 2013 but improved significantly during 2014. In 2013, the United Nations system and OCHA were considered weak and slow to react in the Central African Republic, given the limited capacities – for example, only one person was managing the CAP process, and inter-agency coordination was barely functional – all these changed with enhanced capacities in 2014. In October 2013, senior United Nations humanitarian leaders found the UNCT to be dysfunctional and United Nations representatives weak. In addition, the absence of an HC figure until
2014 was a major gap, especially in ensuring preparedness in an L2 situation that was likely to deteriorate; however, in 2014 the deployment of a senior humanitarian coordinator by the Office of the United Nations High Commissioner for Refugees (UNHCR) added considerable value to inter-agency coordination.

The difficulty in differentiating results attributable to UNICEF and partners was seen as a positive sign that the organizations were planning and acting together. However, some at UNICEF headquarters/RO felt that the United Nations environment was not conducive to success, characterized by low levels of leadership, attention and resources. They also noted that the United Nations security management was not strong in the beginning, as the UN system had been very conservative on security, hindering deployment for humanitarian action.

Partners felt that UNICEF was for the most part well coordinated with other organizations and open to complement the contributions of others to its different programmatic areas. UNICEF is considered to be an important pillar within the UNCT with active participation for humanitarian coordination. It is appreciated that the UNICEF representative often acted as the interim HC and hosted the meetings. Nevertheless, the transitional period due to the turnover of representatives was difficult, with an understandable disengagement and gap in leadership. There is general understanding and commitment between UNCT partners but, as they work at different speeds, coordination is challenging. In January 2015, a useful document on lessons learned from the coordination between OCHA (SRP/HNO and CERF/CHF) and UNICEF was developed. The main recommendations specific to UNICEF suggest that there should be better coordination between UNICEF’s sections and clusters in order to better fulfil the SRP, HNO and CERF obligations.

With regard to coordination with the government, UNICEF is highly valued for reinforcing technical capacity through trainings and for its general support in UNICEF’s main priorities areas.

UNICEF is seen as having been strong at field coordination, helping to fill the gap when OCHA was not present, especially in Bambari and Kaga Bandoro.

The coordination with clusters for which UNICEF is not the lead is generally good. In the health cluster, UNICEF is highly engaged with the working subgroups that have been established to discuss and make decisions on specific issues. The long-standing partnership between UNICEF and the World Health Organization (WHO) has been useful in promoting long-term mutual obligation. UNICEF has worked closely with WFP, the food security cluster lead, towards an integrated response in SAM (UNICEF) and moderate acute malnutrition (MAM) (WFP).

In conclusion, UNICEF adds value in sharing information and coordinating. However, it is also clear that it is a factor that UNICEF should improve. UNICEF’s large leading role in the Central African Republic response represents at the same time an opportunity and a pressure for the organization to be more influential.

**EQ 74** How successfully has UNICEF coordinated with other key actors to ensure non-duplication of efforts, a clear delineation of roles and responsibilities, and the overall success of programme implementation?

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103 ‘Leçons apprises et observations des processus du SRP/HNO et CERF/CHF RCA de 2104. Coordination avec OCHA et au sein de l’UNICEF’.
Non-duplication
UNICEF’s broad geographic and sectoral area of implementation in the Central African Republic is seen as an important asset for decentralization and non-duplication and delineation of roles and responsibilities within the country. Throughout 2014, UNICEF improved its clarity on roles and responsibilities as demonstrated in the Standard Operation Procedures developed in April 2014 for the understanding of the differentiated roles between programme chiefs and cluster coordinators within UNICEF.

No major or frequent overlaps have been noted in the UNICEF response, although some isolated duplications were highlighted. According to cluster partners, the 3Ws tool (Who does What, Where) is not sufficiently and regularly updated – therefore, while it has potential, it is not an appropriate tool for avoiding duplication. Therefore, UNICEF should improve its knowledge over who works where, to achieve better synergies and avoid duplications between its implementing partners, as this is one of the major responsibilities of the cluster coordinators.

From a human resources perspective, UNICEF initiated some recruitments which were not well justified and caused duplication among staff member responsibilities in-country.

Within the sectors, isolated examples of overlaps were highlighted. For instance, nutrition screening activities were duplicated due to the arrival of new NGOs in the country that were willing to work in areas already covered. Cluster partners highlighted that UNICEF could have provided the information necessary to avoid duplication of actors and activities, as they were providing the supplies in those areas. In the WASH cluster there were no major overlaps in activities. However, more proactivity from all actors, particularly from the NGOs, and the existence of contingency plans would have further helped to improve the delineation of activities and to anticipate any duplication.

Lack of access due to insecurity, especially outside Bangui, has indirectly caused duplications. For instance, as observed in Bambari, three education partners were working in the same schools, while other areas were not covered at all. However, the education cluster is considered to have helped decrease overlaps through the regular trainings given by UNICEF to NGOs and the Government and through its cluster platform.
2.8 CERF FUNDING

UNICEF was effective in its use of the Central Emergency Response Fund (CERF) funding. The organization submitted some proposals that were well aligned with CERF’s Rapid Response guidelines, and it reported achievements in implementing life-saving interventions. However, delays in both disbursal of funds and project completion undermined the intended value of rapid response funds and therefore its effectiveness. The suitability of some UNICEF proposals was questionable according to the CERF secretariat, as they included projects that focused on longer-term initiatives such as the prevention of sexual and gender-based violence, awareness-raising and infrastructure projects, and for projects that had already received funding. UNICEF seemed to use the facility for additional longer-term activities, instead of for rapid initiation of life-saving activities (see Annex 4 for complete analysis of CERF funding).

At the end of March 2012, the HCT in the Central African Republic agreed to request CERF Rapid Response (RR) funding to cover new needs. Based on the RRM results the clusters prepared the CERF submission identifying the most critical needs in health, nutrition, WASH, protection and food security clusters. UNICEF in the Central African Republic received US$10.9 million from CERF in 2013 and 2014, which amounted to 13.3 per cent of emergency funding received by UNICEF.¹⁰⁴

EQ 6.1 How effective and accountable was UNICEF’s management of CERF grants?

Management and accountability

It seems that UNICEF was only partially successful in managing the CERF grants. UNICEF faced problems in timeliness, streamlined review, allocation and distribution, and coherent country submission in its management of CERF grants. UNICEF experienced delays both in disbursement of funds to implementing partners and in the completion of projects, negatively impacting the rapidity and timeliness of the response. Strategic partners questioned whether UNICEF’s model of implementation through implementing partners was suitable for streamlined allocation and rapid disbursements of funds. In addition, according to the CERF secretariat’s comments on UNICEF projects in the Central African Republic submission packages, there was some lack of clarity in UNICEF’s proposals and some questions over whether the funds requested for projects indeed met CERF criteria of use for life-saving activities or if funds were simply being used as additional funding for projects.

EQ 6.3 Were adequate and timely proposals established to request for CERF?

Adequate proposals

Although there was not enough evidence to draw a clear conclusion, it seems UNICEF was successful in establishing adequate and timely proposals to request for CERF funding. UNICEF’s proposals for projects lacked clarity in some instances and were not necessarily aligned with the CERF RR criteria for proposals. In addition, UNICEF’s use of CERF funds for projects was questioned, as it seemed that CERF funds were used more as additional funding instead of funds to specifically initiate activities. Strategic partners expressed doubts over whether UNICEF’s vision was aligned with that of CERF when it requested the funding.

Although according to HC reporting,¹⁰⁵ UNICEF proposals were adequate and timely, information to sufficiently support this view is lacking. Based on the HC report, the proposals responded to a rapidly deteriorating situation, were based on recent coordinated needs assessments (conducted through RRM), and were targeted at the most vulnerable people in sectors where the most critical needs were found. This was in agreement with a statement by the UNICEF CO that CERF funding was used to quickly shift its response from development to emergency. However, the report does not give any information on how well UNICEF proposals met quality standards, how adequate and timely UNICEF proposals were (compared to proposals from other organizations), or how the funding would jump-start the larger response.

Whether UNICEF used CERF funds only as they were intended as a way to jump-start projects or if UNICEF also used CERF funds as an additional funding for implementation of its projects was questioned. CERF comments on UNICEF’s projects¹⁰⁶ in the submission packages in 2013 and 2014 further suggest that UNICEF may have asked for additional CERF funding for some projects when it was not needed.

EQ 6.2 How effective and efficient were the allocation and expenditures against CERF grants?

Allocation and expenditure

Although there was not enough evidence to draw a concrete conclusion, UNICEF was successful in its effectiveness and efficiency in allocation and expenditures against CERF grants. The effective and efficient use of the CERF RR grants depends largely on the lengths of time between CERF disbursement to UNICEF headquarters, UNICEF CO disbursement of sub-grants to implementing partners, and project activities completed. CERF RR requires that all funds should be committed and project activities completed within six months of the date that the funds are disbursed from CERF to the recipient organization headquarters.¹⁰⁷ UNICEF suffered delays in both the disbursement of sub-grants to implementing partners and project completion, affecting its efficiency and effectiveness.

UNICEF’s rate of disbursement to implementing partners was considerably slower compared to United Nations sister organizations. In 2013 (2014 data was not available at the time of the evaluation) the average time from receiving the funds to issuing a sub-grant was 61 working days in the Country Office. The WASH, health and child protection sectors,

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¹⁰⁶ Notes shared with the Evaluation Team on CERF secretariat’s comments on the UNICEF proposal submission packages in 2013 and 2014.

which constitute the bulk of the response, were the main contributors to the delays.\textsuperscript{108} UNICEF CO respondents also noted the delays experienced in fund allocations. Analysis indicates that the delay in disbursement of funds to implementing partners is a systemic issue. In general, UNICEF COs face challenges in relation to PCA processes;\textsuperscript{109} other donor funds being prioritized over use of the CERF funds; lack of awareness of the oversight of the disbursement time by OCHA; and capacity problems of implementing partners due to outstanding direct cash transfers.

UNICEF CAR not only suffered delays in funds disbursement, but also in supplies. Although most supplies are programmed through NGO partners that also receive sub-grants from CERF, CERF disbursal by UNICEF CAR includes supplies in addition to funds.\textsuperscript{110} UNICEF delays on supply procurement were much larger than on cash payment, demonstrating the importance of looking at both aspects. The least effective/efficient cash transactions have been in sub-grant management in child protection; and least effective/efficient supply transactions are found in WASH/RRM, health and the emergency preparedness component. UNICEF faced delays in programme completion by implementing partners, exemplified by the number of no-cost extensions UNICEF received, which is a sign that implementation was not done according to plan.

**Life-saving**

Although there was not enough evidence to draw a concrete conclusion, UNICEF projects using CERF grants saved lives in the time frame of 2013 and 2014. According to HC reports, results for three UNICEF projects in emergency health and nutrition, WASH and child protection\textsuperscript{111} demonstrate that the CERF grants indeed saved lives; however, as per the CERF secretariat comments, activities with a longer-term approach did not match CERF’s life-saving criteria. UNICEF projects using CERF funds that contributed to saving lives include SAM treatment, immunization of children against measles and polio, deworming, and management of acute respiratory infections, malaria and diarrhoea.

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\textsuperscript{109} This is partly due to the fact that UNICEF does not sign PCAs before funds arrival (risk aversion) and there was no preparation of the PCA before CERF funds were in the bank.


CHAPTER 3
CONCLUSIONS AND RECOMMENDATIONS
This section provides an overall assessment of the response and five conclusions and recommendations. The conclusions and recommendations are the most important ones arising from the evaluation, directed to UNICEF overall and to the CO in particular. Recommendations 1 and 2 are concerned with programme effectiveness, while 3, 4 and 5 relate to response strategy.

UNICEF’s response to escalating humanitarian needs during the Central African Republic’s 2013–2014 emergency was largely successful. The package of core programmes was generally effective, despite much room for improvement. Although slow to meet needs in 2013, UNICEF support was scaled up substantially to increase coverage in 2014. This was achieved in the difficult context of a collapsed state and unstable government, persistent insecurity, poor access, inadequate INGO capacity and funding shortfalls. While the programmes were generally successful, the overall UNICEF strategy struggled to achieve relevance, coverage, coherence and connectedness.

UNICEF was mostly effective in delivering programmes, which were perceived as successful by all stakeholder groups and showed satisfactory results according to indicators. In 2013, most targets were met, and steady progress was made towards most of the substantially increased targets in 2014. UNICEF made remarkable efforts to strengthen internal coordination and capacity, and significantly increased coverage during 2014. UNICEF’s large multi-sector agenda was highly valued by stakeholders, its programmes were coordinated with other actors, and it ensured that clusters and sub-clusters for WASH, nutrition, education and child protection had dedicated cluster coordinators. In addition, UNICEF advocacy contributed to protection, and the organization reacted appropriately to major constraints.

However, there were shortcomings. In 2013, the effectiveness of the response fell short, since only a few (3/19) targets were fully met and less than half (9/19) targets were largely met (above 67 per cent). Achievement varied across sectors: mixed results were found in nutrition, child protection and HIV/AIDS, and education remained far from targets in 2013. Important weaknesses were also found in UNICEF’s preparedness, delivery mechanisms, operations function and monitoring.

Although efficiency could not easily be measured, a mixed picture emerges. UNICEF spent more than US$105 million during 2013–2014, and funding requirements rose steeply over this period. It acted quickly to greatly scale up operations in 2014 and expanded coverage to support a large number of people in need across its core sectors. However, it was slow to respond to needs outside Bangui in 2013 and was sometimes slowed by rigid financial accountability procedures.

Concerning relevance, UNICEF response plans were well aligned with United Nations plans and UNICEF’s CCCs and reflected the rights of the child to receive basic services. However, UNICEF’s response was poorly informed by needs assessments and did not sufficiently reflect accountability to beneficiaries, communication with affected communities, specific vulnerabilities, or donor expectations. Concerning coverage, targets were too modest in 2013 (reflecting weaknesses in needs assessments and planning), focused mainly on accessible people in urban centres and IDP sites. They excluded attention to the specific needs of vulnerable people beyond predefined categories, and to the needs of displaced communities in the bush, Peuhl nomads and northern populations.
Concerning coherence, UNICEF committed to an integrated approach and showed some synergies, but programmes did not systematically combine to meet multiple needs. Guidance, expertise and management priorities were lacking to implement integration. The implementation of results-oriented integration remains unlikely without larger adjustments in UNICEF or related inter-agency capacity. Concerning connectedness to development, the response supported health and education sectors in practice and prioritized building government institution capacity. But UNICEF remained focused on emergency response and did too little to articulate, promote and invest in early recovery. Recovery, development and peacebuilding work is an important area of work in a chronic and complex emergency like that of the Central African Republic. This is an area of work needed to create a path out of the emergency situation.

The conclusions and recommendations presented below will be categorized as follows: Capacity mobilization; Enabling factors; Response strategy; Upholding rights; and Monitoring, evaluation and learning.

3.1 CAPACITY MOBILIZATION

UNICEF’s success relied on the capacity mobilization enabled by the declaration of L3 emergency status. The L3 was the critical factor in achieving increased coverage and general effectiveness, and enabled UNICEF to deliver at scale within a few months, despite the collapse of government and state services, low presence and capacity of implementing partners, and lack of emergency preparedness at the CO level. The L3 generated a critical increase in capacities and resources for UNICEF’s operation in the Central African Republic, which was under-resourced prior to the declaration. The enhanced capacity included: (i) corporate prioritization, enhanced by the Executive Director’s engagement and media attention; (ii) unprecedented financial resources to the CO and all programmes, with the EPF increasing funding to US$50 million and enabling targets to be met; (iii) technical support to programmes through the IRT and the RO, and expert consultants; and (iv) human resources support through fast-track recruitment and surge deployments, leading to the rapid deployment of highly competent staff.

But reliance on the L3 came with substantial costs to the CO. Far from a smooth ‘telescoping’ of UNICEF’s three levels (headquarters, RO and CO), the L3 was disruptive for the CO, and imposed additional costs, challenges and pressures at the height of the emergency. At the management level, activation of the L3 response was not well coordinated between the CO and other levels of UNICEF; lines of responsibility were unclear among CO, IRT and RO; and the IRT felt unable to function as a team. The IRT leader eventually resigned, and some felt the CO leadership should have been replaced instead. In human resources, the arrival of 96 new staff in 2014 doubled the CO staff numbers, and posed major management and organizational challenges, when better use could have been made of national staff. Opportunities were missed to train staff, recruit the right people and make use of fast-track recruitment. In administration, procedures were not sufficiently simplified in practice, financial transaction times remained slow, payments to partners remained unchanged, and PCA procedures remained cumbersome despite the need for a rapid response to the emergency.

Timely risk analysis and preparedness when the emergency was at L2 status could have paved the way to stronger response. When UNICEF declared an L2 emergency in July 2013 and extended it in October 2013, the CO did not prepare adequately, reinforce operations or build necessary capacity. It lacked a detailed situation analysis, informed by strategic risk analysis, scenario analysis and conflict analysis. A comprehensive situation analysis could have helped UNICEF to move beyond constantly reacting to events by developing a systematic approach to addressing operational
RECOMMENDATION
UNICEF should update risk analyses and put in place adequate preparedness arrangements in all COs facing chronic and complex emergencies. This is a very high priority, as it is central to the effectiveness, coverage and efficiency of subsequent emergency responses.

In particular, UNICEF should consider: (i) Reinforcing response capacity at declaration of L2 status; (ii) Developing preparedness plans that include resource mobilization, human resources, leadership, partnerships, supplies and logistics, accelerated procedures, and monitoring and evaluation; and (iii) Conducting early and regularly updated situation analysis and/or strategic risk analysis to respond to the ongoing chronic and complex emergency, and prepare for further potentially acute phases.

Key responsible entities: Deputy Executive Director, Regional Director, EMOPS, ROs, COs in chronic and complex emergencies, CO Central African Republic

3.2 ENABLING FACTORS

The evaluation has found that the effectiveness of UNICEF programmes was contingent on several key factors. Greater effectiveness could have been achieved with improvements in preparedness (see Capacity mobilization above), and better monitoring (see Monitoring, evaluation and learning below). Appropriate delivery mechanisms and stronger operations functions are also needed.

UNICEF struggled to deliver results using its partnership model, which relies on selected local and international partners to deliver projects and supplies through larger programmes planned and managed by UNICEF and its technical and financial capacities. Until early 2014, UNICEF found very few implementing partners working in the Central African Republic. Few government partners were functional at subnational level, and few INGOs were present with operational capacity. Further complicating effectiveness, programmes were inadequately supported by operations, the wide-ranging CO function responsible for finance, human resources, supplies, security, transport and (previously) field services. UNICEF’s operations function remained generally slow and disconnected from programmes and delivery of results.

Recognizing that effectiveness depends on a combination of external and internal factors, and tailoring its approach to the exacting demands of chronic and complex emergencies where implementing partners may be absent, UNICEF needs to invest strategically not only in preparedness, human and financial capacity, internal coordination and better monitoring of its response, but also in developing appropriate delivery mechanisms and stronger operations functions.

RECOMMENDATION
Based on lessons learned from the experience in the Central African Republic, UNICEF should review its partnership model and operations function.

In particular, UNICEF should consider: (i) Reviewing the comparative advantage of UNICEF’s partnership model in emergencies where government and INGO partners are not sufficiently available to implement programmes; (ii) Developing a protocol for direct delivery, including use of mobile teams and field offices, where implementing partners are absent, functioning poorly, or lack capacities; (iii) Revising management systems to ensure the entire operations function supports achievement of programme results in an emergency.

Key responsible entities: EMOPS, ROs, COs in chronic and complex emergencies, CO Central African Republic
3.3 RESPONSE STRATEGY

UNICEF lacked a strategic approach to addressing the chronic and complex emergency. UNICEF effectively addressed needs through programmes and coordination with partners, and did well to advocate for rights, but it remained activity-led. Working from unprioritized, sector-based operational plans, it lacked a strategy designed to achieve long-term goals based on the UNICEF mandate and mission and taking into account the demands of key donors. An overarching strategy could have provided a coherent approach to protection, advocacy, programme coverage and integration, early recovery and resilience, and implementation issues, including direct implementation and capacity development. In particular, UNICEF lacked an updated situation analysis and strategic risk assessment and was poorly informed by overall needs assessments, leading to lack of attention to specific needs and vulnerabilities, accountability to affected populations and insufficient communication with affected communities.

RECOMMENDATION

UNICEF should develop a multifaceted, long-term strategic response to the Central African Republic’s chronic crisis and complex emergency, and apply such an approach in similar situations. This is necessary to strengthen relevance, the coherence of activities, external coordination, coverage and connectedness with development efforts.

At the global level, UNICEF should consider: (i) Defining expectations for establishing a clear and comprehensive long-term strategy for responding to each chronic or complex emergency faced by the organization; (ii) Supporting and enabling strategic management at the CO level in complex and chronic emergencies; (iii) Providing guidance on the development of strategic plans to address the aspects of development, recovery/resilience and rights advocacy in chronic and complex emergencies where the government provides no political direction or strategic longer-term goals.

The CO in chronic and complex emergencies should consider: (i) Conducting strategic analysis to define primary challenges to the survival, protection and development of children, role of key stakeholders in responding and UNICEF’s comparative advantage areas; (ii) Preparing a country plan aimed at development alongside a humanitarian response, articulating bridges between relief and development, and promoting early recovery; (iii) Preparing, maintaining and regularly updating a risk management strategy, including risk analysis and contingency planning, in support of strategic objectives and opportunities; and (iv) Ensuring all reporting on operational constraints is presented in terms of risk management, to promote an emphasis on ‘stay and deliver’.

Key responsible entities: EMOPS, ROs, COs in chronic and complex emergencies, CO Central African Republic
3.4 UPHOLDING RIGHTS

The UNICEF response provided protection programmes for a minority of children affected. The child protection programme made important contributions to the protection of children, especially by negotiating the release of children associated with armed groups, monitoring MRM violations, and reaching growing numbers through child-friendly spaces in IDP sites, which also allowed identification of unaccompanied children.

UNICEF addressed the protection crisis through its child protection programme, coordination with other actors in the child protection sub-cluster, and various types of ‘practical advocacy’. More broadly, it often saw protection in terms of emergency relief, thereby providing a largely ‘humanitarian response’ to a ‘protection crisis’.

But UNICEF lacked a strategy for protecting the rights of all children including the most vulnerable among them. UNICEF’s response did not directly address the Central African Republic’s larger protection and human rights crisis, partly because comprehensive data on child rights were not available. It also struggled to adequately meet needs, as coverage of needs excluded certain categories of beneficiary – due in part to weaknesses in needs assessment, targeting and inclusion. The experience raises questions about UNICEF’s protection responsibilities in an emergency, and whether a focus on CCCs allowed fulfilment of the agency’s wider mission to protect the rights of children and ensure special protection of the most disadvantaged.

**RECOMMENDATION**

Working with the protection cluster and child protection sub-cluster, UNICEF should develop a multifaceted protection strategy for the protection of all children in the Central African Republic and prioritization of the most vulnerable. Thinking of protection beyond CCC programme commitments is necessary to fulfil UNICEF’s mission of protecting the rights of children in protracted emergencies and ensuring special protection for the most disadvantaged, and to meet complex dimensions of protection in emergencies.

In the Central African Republic, the CO should consider: (i) Developing a comprehensive protection strategy to address the country’s protection and human rights crisis, informed by wider assessment of rights and special surveys adapted to the emergency context (e.g., MICS) that go beyond CCC requirements; (ii) Developing an advocacy strategy to support it; (iii) Conducting comprehensive needs assessments at household level in the country’s IDP sites, to assess, target and prioritize the specific needs of vulnerable children and families; and (iv) Planning or advocating for major investments to support social cohesion and promoting a culture of peace and tolerance, especially among disaffected young people who are vulnerable to being manipulated and coerced into armed groups.

In all chronic and complex emergencies, UNICEF should consider: (i) Developing a protection strategy, going beyond CO-based protection programming, in line with UNICEF’s global mandate and mission; (ii) Ensuring the CO develops and implements an advocacy strategy at L2 and L3, with multiple levels of engagement, including with key stakeholders; (iii) Reviewing UNICEF’s approach to vulnerability and specific needs beyond predetermined categories, e.g., including children with disabilities and their carers; and (iv) Developing methodologies and guidance to enable key surveys (e.g., MICS) and comprehensive assessment of child rights and priority needs in emergencies, even where data are lacking and access is difficult.

**Key responsible entities:** Programme Division/Child Protection, Data and Analytics/Data, Research and Policy, EMOPS, ROs, COs in chronic and complex emergencies, CO Central African Republic
3.5 MONITORING, EVALUATION AND LEARNING

UNICEF’s approach to performance monitoring was inadequate for a multifaceted response to the country’s complex crisis, and did too little to enable strategic management, accountability to stakeholders and ongoing learning to allow for course correction. The system had some strengths: the HPM kept UNICEF and implementing partners focused on achieving outputs (and progress towards results); third-party monitoring (3PM) was established to provide ongoing assessment of implementing partners; and this independent evaluation was commissioned to support strategy, accountability and learning.

UNICEF relied too much on the Humanitarian Performance Monitoring system, which was narrow in focus and unable to capture qualitative progress. It offered no quality assessment or feedback on the appropriateness of assistance or qualitative progress; absorbed considerable UNICEF and international professional capacities in collecting figures of questionable reliability; and could not enable improvements, ongoing learning, or involve other levels of UNICEF in assessment of performance. Field monitoring through the 3PM did not inform improvements or hold UNICEF accountable to affected populations; lacked real-time evaluation and ongoing lessons learned exercises, allowing for course correction; and also provided inadequate qualitative field monitoring to inform the RO and headquarters of progress.

RECOMMENDATION

UNICEF should develop an appropriate monitoring, evaluation and learning framework and system to support strategic decision-making, accountability to stakeholders and learning for improvement in the Central African Republic. This is essential for strengthening strategic management of the response, relevance/appropriateness, coherence, coverage, connectedness, coordination, effectiveness and efficiency. The CCC commitments would be enhanced if there was ‘systematic monitoring, analysis and assessment of performance against benchmarks’, and this would ‘provide management with information on the quality, quantity and timeliness of progress towards the achievement of results’.

In particular, UNICEF should consider: (i) Developing a monitoring, evaluation and learning framework for the Central African Republic response that defines what data are needed to support strategic decision-making, learning and accountability; (ii) including a limited number of key questions to monitor (7–10), including qualitative questions (on results/impact); (iii) Developing systems for data collection, analysis and reporting; including innovative methods for collecting data, consulting samples of beneficiaries, integrating and developing third-party monitoring.

Linked to this, the CO should consider: (i) Strengthening mechanisms for consulting beneficiaries in programme design, feedback and complaints so that communities have a say in determining programme priorities; and (ii) Ensuring that implementing partners involve beneficiaries – e.g., PCAs should require beneficiary community participation in planning and implementation of projects.

In addition, UNICEF should consider: (i) Reviewing strategic monitoring, evaluation and learning practices in major emergency responses at country level to generate the minimum required data to inform strategic decision-making, real-time operational decision-making and fulfil accountability requirements; and (ii) Providing guidance and tools for implementing Commitments to Accountability to Affected Populations (CAAP) in emergencies.

Key responsible entities: EMOPS, Evaluation Office, ROs, COs in chronic and complex emergencies, CO Central African Republic
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ANNEXES
ANNEX 1. TERMS OF REFERENCE

UNICEF Evaluation Office
Evaluation of UNICEF’s Response and Programme Strategies to the Crisis in the Central African Republic
Terms of Reference – 27.10.2014

I. INTRODUCTION
1. This evaluation of UNICEF’s response and programme strategies to the humanitarian crisis in the Central African Republic (CAR) follows the declaration of the Level 3 (L3) emergency procedure for CAR in December 2013. These terms of reference (TOR) have been prepared by the UNICEF Evaluation Office and set the evaluation purpose, objective and scope. They also present the evaluation methodology and key evaluation questions to be explored in the exercise. The evaluation is planned to be undertaken by the UNICEF Evaluation Office between November 2014 and February 2015 with a view to help inform the 2015 mid-year review, the 2016 programming and the L3 transition strategy.

II. INTERVENTION BACKGROUND
2. In 2013, the situation in CAR developed from a silent emergency into a more visible and complex humanitarian and protection crisis. As a result of the rebel offensive that started in December 2012 against the former government by the Séléka, an alliance of rebel militia factions, and a seizure of power on 24 March 2013, the country has seen a major deterioration of the humanitarian and human rights situation, including increased violence, fear and overall instability. Since August 2013 internal conflict has led to an increase in sectarian and ethnic violence, generating internal displacement and movement of people across the borders to neighbouring countries, in particular Cameroon, Chad and the Democratic Republic of the Congo. The fighting taking place in the capital Bangui that began early December 2013 has further intensified humanitarian needs, and despite the installation of a new transitional president on 23 January 2014, the country still struggles with continued violence and conflict.

3. On 15 September, the UN Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) took over peacekeeping responsibilities from the African-led International Support Mission in the Central African Republic (MISCA), in accordance with resolution 2149. The resolution was adopted by the Security Council on 10 April 2014 and can be accessed through the following link: <www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2149.pdf>.

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112 Protection within these ToR refers to protection of all rights of children within the context of the UN Convention on the Rights of the Child (CRC) and framework of the CCC; please refer to the UNICEF document Core Commitments for Children in Humanitarian Action that states: The CCCs are driven by the need to fulfil the rights of children affected by humanitarian crisis, and they are therefore relevant in all countries. The CCCs are also applicable to both acute sudden-onset and protracted humanitarian situations.
4. According to the United Nations, an estimated 2.5 million people are in need of assistance in CAR.\textsuperscript{113} There is a critical lack of basic services, including water and health care, with limited availability of health personnel and medicines, and major disruption to education. Insecurity has also resulted in major population movements within CAR. As of 30 September 14, an estimated 488,000 IDPs have fled the violence and require immediate assistance, with 63,000 located in 43 sites in Bangui. According to UNHCR (23 September), the total number of refugees in neighbouring countries (Cameroon, Chad, Congo and the Democratic Republic of the Congo) is currently estimated at 419,000 (of which 183,000 since December 2013). Children in particular bear the brunt of the crisis. Insecurity and lawlessness throughout the country have led to children being displaced, separated from their families, maimed, mutilated, abducted, raped and killed. Gender-based violence has also increased dramatically and the number of children recruited into and used in armed groups is estimated to be between 6,000 to 10,000. In addition, 1.1 million people lack food, a situation that will result in a growing number of children facing the risks of malnutrition.

5. Following the activation of its L3 corporate emergency procedure in December 2013\textsuperscript{114} by the United Nations, UNICEF has strengthened its field presence in CAR and its capacity to accelerate the delivery of humanitarian assistance through surge deployments and the recruitment of staff, including dedicated cluster capacities. UNICEF is leading the WASH, education and nutrition clusters and the child protection\textsuperscript{115} area of responsibility for the CAR emergency. In addition to coordination with partners from the United Nations system and NGOs, UNICEF continues to engage with the Transitional National Authority to enable more effective humanitarian planning and accountability. The UNICEF emergency programme focuses on life-saving interventions to address vaccine-preventable and waterborne diseases, malaria and malnutrition, as well as reducing the risks faced by displaced populations. In addition, UNICEF and its partners provide psychosocial assistance to children affected by armed conflict; and work on the identification, release and community-based reintegration of children associated with armed groups, and prevent survivors of gender-based violence (GBV) and address the needs of GBV survivors. However, the establishment of comprehensive child protection systems and services is still lacking both with CAR and in refugee situations. UNICEF also supports monitoring and reporting mechanisms on grave child rights violations. UNICEF remains committed to enabling access to primary education, with emphasis on safety and quality learning. UNICEF programmes aim to favour intersectoral approaches that are sensitive to the need for gender-informed accountability, including the risk of HIV infection among vulnerable populations.

6. Based on the country’s inter-agency 2014 Strategic Response Plan and increased needs, UNICEF appealed for US$81 million to meet the humanitarian needs


\textsuperscript{114} CAR was designated as a Level 2 emergency on 8 July 2013 and the Level 3 emergency has been activated since 9 December 2013 and subsequently extended until 12 December 2014, as per the Global Broadcast Message from the UNICEF Executive Director.

\textsuperscript{115} Please note in this ToR “Child Protection” refers to the UNICEF specific programme on protection of children and is different from the “Protection” that refers to the protection of rights as stipulated in the CCC and the CRC.
of children in CAR in 2014, and as of the end of August 2014, a total of US$33.8 million, or 42 per cent of requirements has been received in contributions, while the response to the refugee crisis in neighbouring countries is 22 per cent funded.\textsuperscript{116} For updated information regarding CAR funding please refer to the \textit{UNICEF Humanitarian Situation Reports} that can be found at the following URL: <www.unicef.org/appeals/car.html>.

\section*{III. EVALUATION PURPOSE AND OBJECTIVE}

7. By assessing UNICEF’s response and programme strategies to the humanitarian and protection crisis in CAR, this external evaluation seeks to inform the 2016 programming and the L3 transition strategy. The evaluation will provide impartial evidence and generate information on how UNICEF has responded to the crisis since July 2013 to September 2014 (\textit{summative}) and inform UNICEF’s programming for 2015/2016 as well as the L3 transition strategy (\textit{formative}). It will also examine the application of the L3 procedures in supporting the response, including the role of headquarters and the Regional Office, and provide practical and actionable recommendations on the L3 transition strategy.

8. The objective of this evaluation is to determine, as systematically and objectively as possible: the \textit{relevance}, \textit{appropriateness} and \textit{coherence} of the UNICEF’s response and programme strategies; the \textit{effectiveness} of the response in relation to its objectives; the \textit{efficiency} with which programme outputs and activities have been delivered and their coordination to those produced by other partners; the results achieved; and the programme’s sustainability. The evaluation will explicitly identify factors affecting the UNICEF’s response on these criteria, including factors in the UNICEF’s CAR Country Office’s operating context outside of its control, and those within its control. In addition, the evaluation will examine the implementation of the Corporate Emergency Activation Procedure (CEAP); the Simplified Standard Operating Procedures (SSOPs) for L3; and support/coordination provided from headquarters and the Regional Office.

9. The evaluation will consider what aspects of the UNICEF’s response to the crisis in CAR have been working well, which aspects have been working less well, and why, in terms of the specific objectives of the Integrated Programme Response and in relation with UNICEF’s Core Commitments for Children in Humanitarian Action – the CCCs – and other relevant standards. The evaluation will also consider how well the response has addressed issues of protection of rights of children and accountability to the affected populations. The evidence and analysis provided by this evaluation will inform UNICEF’s partners in the country, in particular members of the clusters where UNICEF serves as lead or co-lead agency. In addition, the evaluation is intended to inform the L3 transition strategy at the end of the L3 period, and in general to further improve UNICEF’s support the L3 emergencies at the global and regional level.

10. In line with the UNICEF Evaluation Policy, the evaluation will embed a strong utilization focus. The main users of the evaluation will be the UNICEF CAR Country Office, the Regional Office management, the Global Emergency Coordinator (GEC), the Office of

\textsuperscript{116} PARMO, ‘Funding update for the CAR Emergency’, 24 August 2014.
Emergency Operations (EMOPS), Programme Division, as well as other Divisions and Offices in headquarters. Other users of this evaluation include: co-lead agencies, cluster partners and other UNICEF partners in CAR.

IV. SCOPE

11. The evaluation's scope will include UNICEF's response to the crisis and the programmatic strategies implemented in CAR against the criteria indicated in paragraph 7 above. Towards this end the evaluation will examine UNICEF's programme strategies in CAR and each of the main programme components: nutrition, health, WASH, child protection, education, HIV and AIDS, supply and the Rapid Response Mechanism. The evaluation will focus on the programme's performance in achieving the UNICEF Integrated Programme Response-targeted objectives, and determine the relevance and feasibility of these targets. This will include an assessment of the programmes, targets and indicators put in place, determine which programmes moved beyond output-level results and interventions that have resulted in improved outcomes for children and women. The evaluation will thus seek to examine the results of the response mechanisms that UNICEF has contributed to or put in place. To the extent possible, the evaluation will endeavour to reach conclusions regarding results supported by valid, reliable data. Where the data available are from a single unsubstantiated source, this will clearly be mentioned. UNICEF does not work in isolation in CAR, and the evaluation will consider the extent to which UNICEF has contributed to these results by working in partnership with other actors.

12. With respect to effectiveness, efficiency and timeliness of fund utilization, particular attention is to be made to Central Emergency Response Fund (CERF) utilized by CAR. Specifically the evaluation should assess the following: how effective and accountable was UNICEF's management of CERF grants? How effective and efficient were the allocation and expenditures against CERF grants? Were adequate and timely proposals established to request for CERF? Did CERF grants saves lives, if so with what time frame? (Please refer to <www.unocha.org/cerf/about-us/humanitarian-financing> for objectives and additional information on CERF grants).

13. The scope of this evaluation will include an assessment of UNICEF's performance in the clusters/areas of responsibility it leads or co-leads; specifically its role in enhancing coordination. The evaluation will examine UNICEF's performance as a partner in fulfilling the lead agency role. It will consider the roles of headquarters and the Regional Office, the L3 procedures and the L3 transition strategy. It will also cover UNICEF’s interventions, the degree they are in line with the Integrated Programme Response, and UNICEF advocacy efforts.

14. The period under review will be from July 2013 to September 2014. The geographic scope will be mainly restricted to the boundaries of CAR. The evaluation will not be able to cover neighbouring countries in depth.

V. EVALUATION QUESTIONS

15. In keeping with the evaluation purpose and objective, the evaluation will focus on the following overarching issues:

a. Relevance/Appropriateness
- How aligned were the relevant planning and policy frameworks, with the

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Transitional Government Authority wider response plan and that of key actors in the country, and with the various operational realities necessary for enabling an effective and efficient response?

• To what extent has the affected population been consulted to articulate their needs and priorities? In what ways has the affected population been involved in the design, implementation and monitoring of UNICEF’s response and programmatic strategies? How effective and appropriate where these processes in ensuring that UNICEF’s response support the most vulnerable groups, particularly children and women? To what degree have gender and disability issues been addressed? The degree that gender and disability issues have been incorporated into the response plan, its implementation and the monitoring frameworks? To what extent was UNICEF response in accordance to the feedback received and established needs of the beneficiaries?

• To what extent have the protection needs of the population been considered in the design and conduct of the response? Has humanitarian advocacy contributed to addressing protection issues at the policy, programming and delivery levels?

• How appropriate and consistent is the support provided by UNICEF headquarters and the Regional Office in meeting the needs of the CAR Country Office? How did this support change when moving from an L2 to an L3 emergency?

• Have UNICEF sectors (child protection, education, health, nutrition and WASH) integrated cross-cutting issues into their programming, response and monitoring? For instance, GBV as per the IASC GBV Guidelines?

• The relevance and appropriateness of UNICEF funding strategy in CAR, and its effect on results?

b. Coherence
• How clearly are the UNICEF Integrated Programme Response objectives, and the means to achieving them understood by key partners and stakeholders?

• How comprehensive are the programmes undertaken as a necessary and sufficient suite of interventions to meet the humanitarian needs of children and the population?

• Which core programmatic elements are missing, and are these being addressed by other actors and programmes, or are there outstanding gaps not being met at all?

c. Coverage
• To what extent has the affected population, especially children, been properly targeted and reached by UNICEF and its partners?

• How successful has UNICEF been in reaching the most vulnerable groups in the most affected geographic areas? Have data been disaggregated by sex, age, disability status?

• To what extent has an equity-based approach contributed to better results for children and young people?

• The degree that funding has facilitated or hindered coverage?

d. Effectiveness
• How successful and effective has the UNICEF’s response been in delivering results against its programmatic commitments? Was there any advocacy for a transition towards peace and reconciliation? How effective was the UNICEF protection of civilian interventions? What unintended outcomes, positive as well as negative, have resulted from
the programme? Have the protection needs of the affected population and children been met?

- How well has organization-wide mobilization under the L3 procedures (as well as under the L2) supported the response in CAR?
- To what extent have innovative or alternative modes of delivering on the response been explored and exploited to maximize results?
- Have L3 (and L2 if applicable) Simplified Standard Operating Procedures (SSOPs) resulted in improved effectiveness?

**e. Efficiency**
- How efficiently has UNICEF used the resources dedicated to the response in CAR to deliver high-quality outputs in a timely fashion, and to achieve targeted objectives? How cost-effective has each intervention been in achieving targeted objectives?
- To what extent have innovative or alternative modes of delivering on the response been explored and exploited to improve efficiency?
- Have the SSOPs for L3 (and L2) resulted in improved efficiency?
- How long did it take to operationalize plans, including through the development and finalization and clearance of programme cooperation agreements?

**f. Coordination**
- How effectively and efficiently has UNICEF fulfilled its cluster leadership obligations? How effectively has UNICEF coordinated its response with other key partners?
- How did the coordination mechanisms between UNICEF headquarters, the Regional Office and Country Office perform in terms of effectiveness and efficiency?
- How successfully has UNICEF coordinated with other key actors to ensure non-duplication of efforts, a clear delineation of roles and responsibilities, and the overall success of programme’s implementation?
- How well and quickly have the SSOPs for L3 (and L2) been communicated at various levels of the organization?

**g. Sustainability**
- Has UNICEF response shifted from emergency to recovery where needed / possible?
- How quickly have early recovery activities been set in motion in areas where conditions allow?
- To what extent has UNICEF seized the transformative potential of the crisis to help ‘build-back better’ for the long term – that is, forging better prospects for children and women in CAR?
- In what ways has local capacity (i.e., government, civil society and other partners) as well as the quality of local staffing been supported and developed by UNICEF’s response activities?
- Has sustainability approaches always been appropriated?

This represents an indicative list of questions to be refined by the Evaluation Team in the scoping and inception phase of the evaluation process. The Evaluation Team may also analyse any bottlenecks or enabling factors that the CAR office was facing during the time frame of the evaluation.

**VI. METHODOLOGY AND APPROACH**

16. While ensuring a light footprint, the evaluation will follow a phased approach to ensure time for reflection and feedback. The evaluation will be consultative in its approach to promote ownership and interaction with, and feedback from the UNICEF response team in CAR, personnel
in the Regional Office and headquarters, and from UNICEF’s partners. The evaluation will engage with CAR UNICEF sections, in particular with staff from following programme components: nutrition, health, WASH, child protection, education, HIV and AIDS, supply and the Rapid Response Mechanism. In line with the Inter-Agency Standing Committee (IASC) Transformative Agenda, the evaluation will make special efforts to consult the affected population, notably children and youth, to help inform the ongoing response and promote accountability. In the same way, it is essential that the evaluation process be rigorous and evidence based. It will employ mixed-methods to triangulate qualitative and quantitative data and reach findings and conclusions in each phase, as outlined below.

17. **Phase 1: Scoping and Inception Phase (January 2015)** – During the first phase of the evaluation, the Evaluation Team will conduct a desk review of key qualitative and quantitative data and critical information from the CAR Country Office, the Regional Office and headquarters, and partners. UNICEF will provide the Evaluation Team with all relevant documentation and information, namely: situation reports (sitreps), needs assessment reports, key messages, timelines of key decisions and main contact lists of key informants in the CAR Country Office, the Regional Office and headquarters. Documents, data and inputs from other agencies will be actively sought. Data collection will entail a scoping mission to CAR to interview key informants and triangulate the information from desk reviews. Visits to headquarters in New York and the Regional Office in Dakar will also be undertaken as part of the data collection, supplemented by telephone interviews with other relevant Divisions and Offices. These methods will establish a clear chronology and a broad overview of the UNICEF response, as well as a framework on priority issues and questions for further examination. The main output of the scoping and inception phase will be an Inception Report, to be approved by the Evaluation Office in consultation with the Reference Group (see section on Management and Governance Arrangements below). The Evaluation Team will design data collection tools (structured questionnaire for interviews and focus group discussion guide) to recode or organize the gathered information.

18. **Phase 2: Structured Field Work and Feedback Phase (February–March 2015)** – In the second phase, the evaluation will employ a mixed-method approach, entailing triangulation of qualitative and quantitative methods, to put together a comprehensive and credible evidence base to assess UNICEF’s response. It is expected that the evaluation will use the following methods to provide an assessment of UNICEF’s response and programme strategy to the crisis in CAR. These include:

- **Key informant interviews and focus group discussions:** The Evaluation Team is expected to interview and conduct focus groups with key informants in person or by telephone or Skype. Key stakeholders will include, but not be limited to UNICEF staff in CAR, the Regional Office and headquarters, the Immediate Response Team (IRT) and other surge members, cluster members and partners, national and subnational authorities, donors and the affected population, including youth and children where possible.

- **Direct observation:** The Evaluation Team will prioritize field visits to observe the UNICEF response on the ground directly and conduct interviews with affected people to determine their view of UNICEF’s programmatic responses. The team will participate as observers in Emergency Management Team
meetings at the global/regional level to inform the analysis on how headquarters and the Regional Office support the response. It will also develop and use tools to record and compare observations.

- **Additional desk review:** In addition to review data in the scoping and inception phase, the Evaluation Team will conduct a systematic desk review of documents, data and other inputs. The Evaluation Team will use data collection tools to code or organize the information.

- **Surveys:** As part of the desk review, relevant quantitative surveys that have been undertaken in CAR will be utilized for this evaluation. The evaluators may also rely on other types of quantitative research that have been undertaken in CAR.

19. In Phase 2, the team will conduct an extensive data collection mission to CAR to look in depth at the response and UNICEF’s programme strategies. The length of the mission may be up to four weeks. Stopover visits to the Regional Office in Dakar and headquarters in New York will be made to provide feedback on emerging results, and to gather further primary information regarding efforts at the regional and global levels. Telephone interviews will cover the involvement of UNICEF offices in Copenhagen and Geneva. The main outputs will be stakeholder debriefing sessions at the country, regional and headquarters levels, in the form of consultative workshops, to allow for validation of emerging findings and conclusions. A short report on emerging findings will be prepared at the end of the second phase to promote positive change and immediate feedback.

20. **Phase 3: Report Preparation Phase (March–April 2015)** – This phase of the evaluation will include the preparation of a final report, based on an impartial analysis of the information gathered in Phases 1 and 2 that provides a comprehensive assessment of the UNICEF response and programme strategies to the crisis in CAR in order to draw conclusions and SMART recommendations. The final report shall contain a short executive summary of no more than 2,000 words and a main text of no more than 12,000 words (plus Annexes).

21. **Phase 4: Dissemination (April 2015)** – To ensure maximum utilization of the evaluation results, a final visit to CAR will be scheduled to communicate the findings, conclusions and recommendations of the evaluation, and to facilitate strategic reflection on the response and uptake of useful lessons and recommendations through a well-facilitated consultative workshop.

VII. MANAGEMENT AND GOVERNANCE ARRANGEMENTS

22. The Evaluation Office will manage the evaluation, in close partnership with the CAR Country Office, the Regional Office, EMOPS Programme Division, and other Divisions and Offices concerned with the response. A Senior Evaluation Specialist will lead the process, under the guidance of the Evaluation Office Director. The Evaluation Office will commission a team of external consultants to undertake the evaluation, and provide overall management of the evaluation process.

23. A Reference Group will be established to strengthen the relevance, accuracy and hence credibility and utility of the evaluation. The Reference Group will serve in an advisory capacity, its main responsibility being to review and comment on the main evaluation outputs (i.e., these TOR, the Inception Report, reports on emerging findings and the Draft and Final Reports). The Reference Group, chaired by the Evaluation Office Director, will be established with membership composed of representatives of the Emergency Management Team (EMT), the Regional
Office and a senior manager from the Country Office. A ToR outlining the roles and responsibilities of the Reference Group will be developed separately.

24. UNICEF stakeholders and partners will be kept informed of the evaluation progress on a regular basis. They will be invited to the participatory workshops and consulted on the evaluation outputs. A UNICEF Team Site will be set up for the evaluation to post regular updates, promote collaboration and ensure transparency.

VIII. DELIVERABLES

- The Evaluation Team will generate the following major outputs that will be reviewed by the Evaluation Office and the Reference Group, and approved by the Evaluation Office before wider dissemination. These include:
  - An Inception Report (in English and French) of a maximum 8,000 words (not including Annexes). The Inception Report is intended to outline the team understanding of UNICEF’s response and programme strategies to the crisis in CAR. It will include a clear chronology and a broad overview of the initial response to the crisis, as well as a framework on priority issues and questions for further examination. It will include a data collection toolkit (i.e., interview guides, focus group discussion guides, direct observation forms, questionnaires for consultations with affected populations, and so on) to be used in the course of the evaluation;
  - Power-point presentations (in English and French) that will be used by the Evaluation Team to present the preliminary findings in a set of consultative workshops;
  - Preliminary Findings Reports (in English and French) of a maximum 4,000 words at the end of the data collection mission to promote positive change and help inform 2015/2016 programming.
  - A Draft Report (in English and French) that outlines clear evidence-based findings, conclusions and SMART recommendations, with a clear Executive Summary, for consideration by the Reference Group;
  - A Final Report (in English and French) of no more than 12,000 words (not including Annexes), with a clear Executive Summary of no more than 2,000 words. This will incorporate responses to the comments of the Reference Group members.
  - Power-point presentations (in English and French) of the Final Report that will be used by the Evaluation Team to present findings in a set of consultative workshops.

IX. RESOURCES AND TENTATIVE SCHEDULE

The UNICEF Evaluation Office will hire a team of external consultants to conduct the evaluation from start to finish, comprising of:

- A senior team leader with extensive evaluation experience in complex emergencies, previous evaluation experience of UNICEF emergency programmes is desirable;
- A mid-level consultant familiar with participatory methods and techniques to promote consultations with affected populations; and
- An analyst capable of undertaking back-office analysis, including a desk review, analysis of timeline data and funding resources.

The team leader will work on the evaluation full time, and in a timely and high-quality manner. S/he will be responsible for managing and leading the Evaluation Team, undertaking the data collection and analysis, conducting the consultative workshops, as well as report drafting and dissemination at the end of the evaluation process. The other team members will be responsible for carrying out the desk review and primary data collection, analysis, and drafting of elements of the report. The
data analyst will provide on-site support to the Country Office for approximately 20 days, to reduce the burden of the evaluation on CO staff. The team will be engaged for a period of 60 work days each. The team will report to UNICEF’s Senior Evaluation Specialist for humanitarian evaluations at the UNICEF Evaluation Office at headquarters (New York), who will provide the overall guidance to the evaluation and take part in selected interviews, as necessary.

25. The Evaluation Office, in close collaboration with UNICEF Regional and Country Offices, plans to conduct this evaluation over four months from January 2015 to April 2015. Figure 1 on the next page provides an overview of the tentative timeline and main milestones of this evaluation.

---

### Evaluation of UNICEF’s Response and Programme Strategies to the Crisis in the Central African Republic – Tentative and DRAFT Evaluation Timeline*

<table>
<thead>
<tr>
<th>Task</th>
<th>Start</th>
<th>Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLANNING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft and finalize terms of reference</td>
<td>21 September 2014</td>
<td>End October 2014</td>
</tr>
<tr>
<td>Recruit and Contracting of Evaluation Team</td>
<td>November 2014</td>
<td>December 2014</td>
</tr>
<tr>
<td>-- RFP issued on 5 November</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Deadline for Response to RFP: 25 November</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- CRC Submission: 15 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Contract Signature: 25 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHASE I: SCOPING AND INCEPTION PHASE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct preliminary desk review, inception mission, develop field data collection instruments</td>
<td>January 2015</td>
<td>January 2015</td>
</tr>
<tr>
<td><strong>PHASE II: DATA COLLECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct data collection mission (interviews, observations, surveys)</td>
<td>February 2015</td>
<td>February 2015</td>
</tr>
<tr>
<td>Presentation of preliminary findings and conclusions in consultative workshops (Country Level + RO Level + HQ Level)</td>
<td>February 2015</td>
<td>February 2015</td>
</tr>
<tr>
<td>Submit of preliminary findings report</td>
<td>February 2015</td>
<td></td>
</tr>
<tr>
<td><strong>PHASE III: DATA ANALYSIS AND REPORTING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct data analysis</td>
<td>March 2015</td>
<td>March 2015</td>
</tr>
<tr>
<td>Draft report and submit to UNICEF Evaluation Office for review by Reference Group</td>
<td>March 2015</td>
<td>March 2015</td>
</tr>
<tr>
<td>Draft final report for management response and publication</td>
<td>March 2015</td>
<td>March 2015</td>
</tr>
<tr>
<td><strong>PHASE IV: DISSEMINATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation of final findings and conclusions in reflection / learning workshops (Country Level + RO Level + headquarters Level)</td>
<td>April 2015</td>
<td>April 2015</td>
</tr>
</tbody>
</table>

* Please note that timeline is tentative. It will be modified once the Evaluation contract is issued and agreement reached with consultants on the time frame.
ANNEX 2. POLLING REPORT

Stakeholder Poll
During the evaluation, an opinion poll was conducted among UNICEF staff, UNICEF implementing partners and strategic partners. Key findings and further details are presented below.

Key findings

• **Respondents generally agree that UNICEF’s response was “the right response”; while most implementing partners agree strongly, most UNICEF staff express doubt.** An overall majority (32/52) of respondents agree the response was the right one, and only 1 disagrees. But implementing partners are much more convinced than others, and most of them (13/22) agree strongly, perhaps reflecting a natural unwillingness to question the logic of their UNICEF funding. In contrast, a majority of UNICEF respondents remain unconvinced (10/17 neither agree nor disagree), reflecting important doubts about UNICEF’s strategic direction at that time.

• **UNICEF’s response is considered “the right response” primarily because of its rights advocacy, addressing needs, and coordination with others.** Among the 32 respondents who agreed or agreed strongly that UNICEF’s response was the right one, the greatest agreement was with these statements: ‘UNICEF advocated for children’s rights’ (4.60 average), ‘UNICEF responded to emergency needs’ (4.50 average), and ‘UNICEF worked with other agencies to meet needs’ (4.45 average). Other factors contributed, but less decisively.

• **Almost all respondents agree that “UNICEF advocated for children’s rights.”** The largest majority agrees strongly (34/52) and most others agree (17/52) with this statement. Yet this is the only statement where implementing partners are less convinced than UNICEF staff and strategic partners, perhaps reflecting their relative distance from advocacy.

• **Respondents largely agree that “UNICEF worked with other agencies to meet needs.”** A majority agrees (25/52) or agrees strongly (22/52) with this statement. General agreement by strategic partners reflects positively on UNICEF’s investment in coordination.

• **Respondents largely agree that “UNICEF responded to emergency needs.”** A majority agrees (25/52) or agrees strongly (23/52) with this statement. It was emphasized to respondents that ‘responded to’ simply meant ‘addressing’ needs, not ‘successfully meeting’ them.

• **Respondents are least convinced that “UNICEF promoted national recovery and reconstruction.”** A majority agrees (21/52) agree neither agree nor disagree, several could give no answer (6/52), and a notable minority (10/52) disagree, representing the second highest level of disagreement.

• **Respondents are divided as to whether “UNICEF supported peace and development.”** Responses show most variation here, with 10/15 agreeing strongly, 16/52 agreeing, 15/52 neither agreeing nor disagreeing, and 12/52 disagreeing. This also represents the highest level of disagreement.

• **Respondents are divided as to whether “UNICEF supported transitional government priorities.”** Responses showed a relatively high degree of variation here, too, with 18/52 neither agreeing nor disagreeing, 13/52 agreeing, 11/52 agreeing strongly, 7/52 disagreeing or disagreeing strongly, and 6/52 unable to answer.
Method
An opinion poll was conducted among institutional stakeholder groups (UNICEF staff, implementing partners, and strategic partners), but not the affected population or beneficiaries. 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 two related questions:

Question 1. Please say how much you agree with the following statement: ‘UNICEF’s response to the 2013–2014 crisis was the right response’. Participants were offered a 5-point scale by which to respond, from ‘disagree strongly (1)’ to ‘agree strongly (5)’.

Question 2. Please say how much you agree with these statements: Participants were offered a range of statements and a 5-point scale by which to respond, from ‘disagree strongly (1)’ to ‘agree strongly (5)’.

- UNICEF supported peace and development
- UNICEF supported transitional government priorities
- UNICEF advocated for children’s rights
- UNICEF responded to emergency needs
- UNICEF adapted to constraints, like insecurity and state collapse
- UNICEF helped the people in greatest need
- UNICEF’s programmes combined to meet multiple needs
- UNICEF promoted national recovery and reconstruction
- UNICEF worked with other agencies to meet needs
- Other (pls. specify)

Responses
A total of 52 people responded to the poll. Among them were 22 implementing partners, 17 UNICEF staff and 13 strategic partners. Implementing partners tended to agree more than others with all statements, except for ‘UNICEF advocated for children’s rights’. UNICEF staff were most unsure that UNICEF’s response was ‘the right response’ and agreed least that UNICEF ‘adapted to constraints’, but agreed most that it ‘advocated for children’s rights’. Strategic partners agreed least with different attributes of the response, including that UNICEF ‘supported transitional government priorities’, ‘responded to emergency needs’, ‘helped the people in greatest need’, ‘combined programmes to meet multiple needs’, ‘promoted national recovery and reconstruction’ and ‘worked with other agencies to meet needs’.

Figure 11. Response distribution by degree of agreement

<table>
<thead>
<tr>
<th>Number of responses</th>
<th>1: Disagree strongly</th>
<th>2: Disagree</th>
<th>3: Neither agree nor disagree</th>
<th>4: Agree</th>
<th>5: Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>15</td>
<td>20</td>
</tr>
</tbody>
</table>
Figure 12. Response distribution by stakeholder group

Figure 13. Average score by subquestion
Limitations

Three limitations should be noted. First, the poll over-represents the views of institutional implementing actors, with implementers of the response (UNICEF staff and implementing partners) making up 39/52 of the respondents. Second, the poll under-represents the views of external actors (strategic partners are 11/52 of respondents), and does not at all represent views of the affected population and beneficiaries, as they lacked sufficiently detailed perceptions of the response. Third, some respondents to question 2 may have attempted to ‘assess UNICEF performance’ instead of ‘assessing its degree of focus’ in each area.
### ANNEX 3. SUMMARY OF PROGRAMME RESULTS

Table 7. Summary of Programme Results, 2013–2015

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>UNICEF and operational partners</th>
<th>UNICEF and operational partners</th>
<th>UNICEF and operational partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>Target</td>
<td>Cumulative results (#)</td>
<td>% of Target Achieved</td>
<td>UNICEF Target</td>
</tr>
<tr>
<td>Health</td>
<td>Number and % of children under five vaccinated against measles</td>
<td>659,416</td>
<td>411,911</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>Number and % of children under five provided with vitamin A</td>
<td>659,416</td>
<td>411,911</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>Number and % of children 1–5 years who received deworming medication</td>
<td>585,206</td>
<td>361,380</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>Number and % of people that access basic health services and medicines in the affected areas (**)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Number and % of children 6–59 months with severe acute malnutrition (SAM) admitted for therapeutic care and benefiting from promotion of nutrition practices</td>
<td>14,100</td>
<td>13,854</td>
<td>98%</td>
</tr>
<tr>
<td></td>
<td>Recovery Rate</td>
<td>&gt;=75%</td>
<td>77.2%</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Death Rate</td>
<td>&lt;5%</td>
<td>2.2%</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Default Rate</td>
<td>&lt;15%</td>
<td>8%</td>
<td>NA</td>
</tr>
<tr>
<td>WASH</td>
<td>Number and % of affected people that have access to improved sources of water (*)</td>
<td>250,000</td>
<td>317,750</td>
<td>127%</td>
</tr>
<tr>
<td></td>
<td>Number and % of affected people with access to a basic sanitation services (**)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of affected people who received wash items (jerrycan and soap) and knowledge to put in place hand-washing practices (***)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

---

118 See limitations of Programme Results under Methodology Section.
## Table 7. continued

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection</td>
<td>Number and % of children benefiting from recreational activities and psychosocial support (children centres and counselling areas)*</td>
<td>NA</td>
<td>100,000</td>
<td>200,000</td>
</tr>
<tr>
<td></td>
<td>Number and % of children released from armed forces and groups*</td>
<td>500</td>
<td>3,000</td>
<td>4,000</td>
</tr>
<tr>
<td></td>
<td>Number and % of separated children in emergencies reunified with families</td>
<td>1,200</td>
<td>1,200</td>
<td>1,200</td>
</tr>
<tr>
<td></td>
<td>Number and % of GBV survivors who receive holistic assistance*</td>
<td>2,000</td>
<td>3,500</td>
<td>3,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Number and % of pregnant women receiving HIV/AIDS counselling</td>
<td>NA</td>
<td>56,732</td>
<td>NA</td>
</tr>
<tr>
<td>Education</td>
<td>Number and % of pregnant women benefiting from PMTC-ARV prophylaxis</td>
<td>NA</td>
<td>4,392</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of children born from HIV-positive women benefiting from ARV prophylaxis</td>
<td>NA</td>
<td>4,392</td>
<td>3,569</td>
</tr>
<tr>
<td></td>
<td>Number and % of children previously on ARV prophylaxis who continue to receive ARV treatment</td>
<td>NA</td>
<td>1,705</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of children between 3 and 18 years who benefited from education supplies</td>
<td>175,000</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Sector</td>
<td>Indicator</td>
<td>UNICEF and operational partners 2013</td>
<td>UNICEF and operational partners 2014</td>
<td>UNICEF and operational partners 2015</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
<td>% of Target Achieved</td>
</tr>
<tr>
<td>Education (cont’d)</td>
<td>Number and % of children participating in ETAPE activities (temporary learning spaces) (* this is children that have access to relevant education opportunities for 2015)</td>
<td>50,000</td>
<td>600</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Number and % of households exposed to messages related to vaccination campaigns</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of people affected (children, young women, men) who have been exposed to the health, peace, hygiene and sanitation messages</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of young people sensitized on violence, HIV, peace, hygiene and sanitation</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of households that received NFI items (* includes WASH interventions for 2015)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of multi-sectoral assessments (MSA) conducted</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Number and % of boreholes rehabilitated/built</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

ANNEX 4. RESPONDENTS LIST

**UNICEF headquarters:** 13 interviews  
**UNICEF Regional Office:** 9 interviews  
**UNICEF Country Office:** 22 interviews  
**Implementing partners:** 34 interviews  
**Strategic partners:** 21 interviews  
**Beneficiaries:** 21 focus groups/interviews

Table 8. Respondents List

<table>
<thead>
<tr>
<th>1. IMPLEMENTERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNICEF headquarters</strong></td>
<td></td>
</tr>
<tr>
<td>Senior Adviser, Child Protection in Emergencies</td>
<td>Saudamini Siegrist</td>
</tr>
<tr>
<td>EMOPS, Chief of Humanitarian Policy</td>
<td>Genevieve Boutin</td>
</tr>
<tr>
<td>EMOPS, Emergency Specialist, Humanitarian Field Support, CAR Desk</td>
<td>Guillaume Sauval</td>
</tr>
<tr>
<td>Set up HPM systems</td>
<td>Vincenzo Vinci</td>
</tr>
<tr>
<td>Emergency adviser</td>
<td>Grant Leaity</td>
</tr>
<tr>
<td>EMOPS director</td>
<td>Ted Chaiban</td>
</tr>
<tr>
<td>Humanitarian financing</td>
<td>Darla Silva</td>
</tr>
<tr>
<td>Education in Emergencies Specialist</td>
<td>Lisa Bender</td>
</tr>
<tr>
<td>Documentalist</td>
<td>Volker Hüls</td>
</tr>
<tr>
<td>EMOPS, Chief of Humanitarian field support</td>
<td>Silvia Danailov</td>
</tr>
<tr>
<td>Human Resources Emergency Manager, Emergencies and Surge Recruitment Section</td>
<td>Frédéric Sizaret</td>
</tr>
<tr>
<td><strong>UNICEF RO</strong></td>
<td></td>
</tr>
<tr>
<td>Former RO staff, regional focal point</td>
<td>Toby Wicks</td>
</tr>
<tr>
<td>Global Emergency Coordinator (GEC)</td>
<td>Manuel Fontaine</td>
</tr>
<tr>
<td>Regional Chief of Monitoring and Evaluation</td>
<td>Inoussa Kabore</td>
</tr>
<tr>
<td>Regional Chief Emergency</td>
<td>Mads Oyen</td>
</tr>
<tr>
<td>Emergency Specialist, UNICEF West and Central Africa</td>
<td>Pablo de Pascual</td>
</tr>
<tr>
<td>Regional Chief of Programme and Planning</td>
<td>Herve Peries</td>
</tr>
<tr>
<td>Regional Chief of HR</td>
<td>Ramou Ndure</td>
</tr>
<tr>
<td>Human Resources Chief</td>
<td>Ndeye Ngone Wague</td>
</tr>
<tr>
<td><strong>UNICEF CO</strong></td>
<td></td>
</tr>
<tr>
<td>Representative (previous)</td>
<td>Souleymane Diabate</td>
</tr>
<tr>
<td>Deputy Representative</td>
<td>Judith Léveillée</td>
</tr>
<tr>
<td>Emergency Chief and RRM Coordinator</td>
<td>Robert McCarthy</td>
</tr>
<tr>
<td>Education Chief</td>
<td>Celeste Staley</td>
</tr>
<tr>
<td>Child Protection Chief</td>
<td>Jean Lokenga</td>
</tr>
<tr>
<td>Child Survival and Development Chief</td>
<td>Célestin Traore</td>
</tr>
<tr>
<td>Health Specialist</td>
<td>Deo Manirakiza</td>
</tr>
<tr>
<td>WASH/Manager</td>
<td>Alexandre Pierre Bui</td>
</tr>
<tr>
<td>Communication for Development (C4D) Chief</td>
<td>Awa Guedegbe Ouattara</td>
</tr>
</tbody>
</table>
### Table 8. continued

<table>
<thead>
<tr>
<th>Implementers</th>
<th></th>
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<tbody>
<tr>
<td>Monitoring and Evaluation Specialist</td>
<td>Étienne Rusamira</td>
</tr>
<tr>
<td>Chief of Operations</td>
<td>Barry Rasmani</td>
</tr>
<tr>
<td>Chief of Logistics and Supplies</td>
<td>Patrick Efinda</td>
</tr>
<tr>
<td>Finance Chief</td>
<td>Eugenie Makolet</td>
</tr>
<tr>
<td>Communication Specialist</td>
<td>Madeleine Logan</td>
</tr>
<tr>
<td>Staff Association Representative</td>
<td>Estelle Hulla Kiboko Paoli</td>
</tr>
</tbody>
</table>

#### Bossangoa
- **Chief of Field Office**: Seydou Camara
- **CST (HIV/AIDS Officer)**: Thomas Nditar
- **Chargé du programme Éducation**: Patrice Nguerede

#### Bambari
- **Chief of Field Office**: Mawa Thiam
- **Responsable du programme Santé/Nutrition**: Gisèle Kasungi
- **Responsable du programme Éducation**: Henri Bomba Kounzoyan
- **Responsable du programme WASH**: Alama Keita

### Implementing Partner Organizations

- Alima
- Croix Rouge Centre Africaine
- ACF
- Caritas Bossangoa
- Cordaid
- Save the Children
- Ideale
- Triangle, Chef de mission
- IMC-UK (also WASH)
- IMC (also WASH)
- IRC
- COOPI
- War Child
- Mercy Corps
- SFCG
- CNJ or CIEE
- Solidarités
- PU-AMI
- ACTED
- Government departments, third-party monitors
### Table 8. continued

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<thead>
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<th>1. IMPLEMENTERS</th>
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<tr>
<td><strong>Bossangoa</strong></td>
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<td>CODIS-Caritas</td>
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<td>Save the Children</td>
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<td>Vitalité plus</td>
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<td>Caritas</td>
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<td>Visite site NDV</td>
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#### Strategic partners

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<thead>
<tr>
<th>ECHO</th>
<th>Karima Hammadi</th>
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<tr>
<td>CERF</td>
<td>Yuka Hasegawa, Head of Programme Section, CERF</td>
</tr>
<tr>
<td>Ministry of Planning and International Cooperation</td>
<td>Philippe Zemingui, Directeur de Cabinet</td>
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<tr>
<td>Ministry of Social Welfare, Bambari representative</td>
<td>Staff</td>
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<tr>
<td>Humanitarian Coordinator</td>
<td>Claire Bourgeois</td>
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<tr>
<td>OCHA</td>
<td>François Goemans, Head of Office</td>
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<tr>
<td>WFP, Chief of Programmes</td>
<td>Pascal Diro</td>
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<tr>
<td>UNHCR, Representative</td>
<td>Kouassi Lazare Etien</td>
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<tr>
<td>ICRC</td>
<td>Jean-François Sangsue, Delegate</td>
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<td>OXFAM/Intermon, WASH coordinator</td>
<td>Emilie Loubet</td>
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<tr>
<td>Médecins Sans Frontières Espagne</td>
<td>Laurence de Barros, Country Coordinator</td>
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<tr>
<td>Education Cluster Member</td>
<td>Staff</td>
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<tr>
<td>Co-lead: COOPI</td>
<td>Staff</td>
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<tr>
<td>Nutrition Cluster Member</td>
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<tr>
<td>Co-lead: ACF</td>
<td>Camille, Simon</td>
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<tr>
<td>WASH Cluster</td>
<td>HAMAI Laurence</td>
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<td>Health: WHO</td>
<td>Dr. Fortin</td>
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<td><strong>Bangui</strong></td>
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<td>PK5 – Child-friendly space</td>
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<td><strong>Bossangoa</strong></td>
<td>Association de femmes de Bossangoa</td>
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<td>Médecins Sans Frontières Netherlands</td>
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<td>Quartier Bormou - Association des Femmes Musulmanes</td>
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<td><strong>Bimbo</strong></td>
<td>Carmel seminary and internally displaced person site – Temporary Learning Centre</td>
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<td>Site Gendarmerie</td>
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ANNEX 5. CERF FUNDING

UNICEF was effective in its use of the Central Emergency Response Fund (CERF) funding. It submitted some proposals that were well aligned with CERF’s Rapid Response guidelines, and reported achievements in implementing life-saving interventions. However, delays in both disbursal of funds and project completion undermined the intended value of rapid response funds and therefore its effectiveness. The suitability of some UNICEF proposals was questionable according to the CERF secretariat, as they included projects that focused on more longer-term initiatives such as sexual and gender-based violence (SGBV) prevention, awareness-raising and infrastructure projects, and projects that have already received funding. UNICEF seemed to use the facility for additional longer-term activities, instead of for rapid initiation of life-saving activities.

Findings in this section are limited by a lack of source and method triangulation, since only a very small number (3–4 persons) of UNICEF and strategic partners consulted were able to comment on CERF. In addition, no information was found on UNICEF’s accountabilities for use of CERF funding.

At the end of March 2012, the HCT in CAR agreed to request CERF Rapid Response (RR) funding to cover new needs. Based on the RRM results the clusters prepared this CERF submission identifying the most critical needs in health, nutrition, WASH, protection and food security clusters. UNICEF in CAR received US$10.9 million from CERF in 2013 and 2014, which amounted to 13.3 per cent of emergency funding received by UNICEF. Figure 16 below shows the timing and breakdown by individual grant.

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119 CERF was established in 2005, with a funding target of US$450 million per year, to ensure more timely and reliable humanitarian funding. CERF’s Rapid Response (RR) mechanism (approximately two thirds of CERF grants) is intended to mitigate the unevenness and delays of the voluntary contribution system by providing seed money for life-saving, humanitarian activities in the initial days and weeks of a sudden onset crisis. RR funds may also be used to respond to time-critical requirements or a significant deterioration in an existing emergency.

120 OCHA, Guidelines, CERF Rapid Response Window: Procedures and criteria, 23 September 2011.

As can be seen in Figure 17, emergency WASH (including RRM), emergency child protection and emergency preparedness make up the bulk of the CERF grants to UNICEF in CAR.

**EQ 6.1** How effective and accountable was UNICEF’s management of CERF grants?
Management and accountability

It seems that UNICEF was only partially successful in its effectiveness and accountability in managing the CERF grants. In analysing UNICEF’s management, its own internal accountability framework, cluster lead accountabilities and CERF’s logic model, which defines how grants are expected to strengthen humanitarian performance, and time-sensitive coverage of critical beneficiary needs should be taken into account. The CERF Performance and Accountability Framework (PAF)\(^\text{122}\) clarifies accountability and performance expectations around a set of agreed CERF outputs, outcomes and impacts. The PAF defines accountability as transparent and inclusive prioritization and decision-making; coherent country submission; streamlined review, allocation and distribution; monitoring, reporting and evaluation systems in place; life-saving activities supported; and a timely response.

UNICEF faced problems in timeliness, streamlined review, allocation and distribution, and coherent country submission in its management of CERF grants. UNICEF suffered delays both in disbursement of funds to implementing partners and in the completion of projects, negatively impacting the rapidity and timeliness of the response. Strategic partners questioned whether UNICEF’s model of implementation through implementing partners was suitable for streamlined allocation and rapid disbursements of funds. In addition, according to the CERF secretariat’s comments on UNICEF projects in the Central African Republic submission packages, there was some lack of clarity in UNICEF’s proposals and some questions over whether the funds requested for projects indeed met CERF criteria of use for life-saving activities or if funds were simply being used as additional funding for projects.

EQ 6.3 Were adequate and timely proposals established to requests for CERF?

Adequate proposals

Although there was not enough evidence to draw a clear conclusion, it seems UNICEF was successful in establishing adequate and timely proposals to requests for CERF. UNICEF’s proposals for projects lacked clarity in some instances and were not necessarily aligned with the CERF RR criteria for proposals. In addition, UNICEF’s use of CERF funds for projects was questioned, as it seemed that CERF funds were used more as additional funding instead of funds to specifically jump-start activities. Strategic partners expressed doubts over whether UNICEF’s vision was aligned with that of CERF when it requested the funding.

Although according to HC reporting,\(^\text{123}\) UNICEF proposals were adequate and timely, information to sufficiently support this view is lacking. Based on the HC report, the proposals responded to a rapidly deteriorating situation, were based on recent coordinated needs assessments (conducted through RRM), and were targeted at the most vulnerable people in sectors where the most critical needs were found. This was in agreement with a statement by the UNICEF CO that CERF funding was used to quickly shift its response from development to emergency. However, the report does not give any information on how well UNICEF proposals met quality standards, how adequate and timely UNICEF proposals were (compared to proposals from other organizations), or how the funding would jump-start the larger response.

\(^{122}\)CERF, Performance and Accountability Framework (PAF) for the Central Emergency Response Fund (CERF), August 2010.
Whether UNICEF used CERF funds only as they were intended, as a way to jump-start projects, or if UNICEF also used CERF funds as an additional funding mechanism for its projects was questioned. OCHA gave large grants in the Central African Republic in May 2013 and December 2013, when the L3 was activated. However, according to strategic partners, although OCHA provided a second allocation in February 2014, it had difficulty in assessing whether this second allocation was really necessary, timely or appropriate. Strategic partners specifically mentioned UNICEF in this discussion, highlighting that UNICEF may have overused the L3 argument in order to receive funds, noting that UNICEF requested funding before it had expended the funds that were previously requested.

CERF comments over UNICEF’s projects\textsuperscript{124} in the submission packages in 2013 and 2014 further demonstrate that UNICEF may have asked for additional CERF funding for some projects when it was not needed. For example, CERF requested UNICEF to justify additional funding requests on WASH and food projects as they were already funded according to the Financial Tracking Service (62 and 103 per cent respectively) and to clarify how UNICEF’s nutrition interventions complement those of WFP in the same sector. In CERF comments of February 2014, UNICEF was requested to clarify the rationale behind its request for funding on WASH activities as they had already been funded in the December 2013 response allocation. Also, CERF comments highlighted UNICEF projects included in the proposal submissions that were not considered life-saving (as per CERF criteria) including vocational training of children formerly associated with armed groups (February 2014). Finally, CERF comments over UNICEF’s projects demonstrate that UNICEF proposals lacked clarity over cost breakdowns of projects and on the use of assessment findings in regard to its rationale and prioritization of activities.

The Central African Republic lacks the higher-level ‘theory of change’ linking long-term issues and short-term symptoms. According to strategic partners, CERF should be a reflection of and a catalyst for encouraging more strategic thinking in the country and not simply a catalogue of activities. OCHA usually pushes for strategic thinking at the country level, not at the project level. However, strategic partners viewed the Central African Republic as activity-focused, representing the catalogue approach and lacking the bigger-picture view and strategic direction, and based on organizational politics.

**EQ 6.2 How effective and efficient were the allocation and expenditures against CERF grants?**

### Allocation and expenditure

Although there was not enough evidence to draw a concrete conclusion, UNICEF was successful in its effectiveness and efficiency in allocation and expenditures against CERF grants. The effective and efficient use of the CERF RR grants depends largely on the lengths of time between CERF disbursement to UNICEF headquarters, UNICEF CO disbursement of sub-grants to implementing partners, and project activities completed. CERF RR requires that all funds should be committed and project activities completed within six months of the date that the funds are disbursed from CERF to the recipient agency headquarters.\textsuperscript{125} UNICEF suffered delays in

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\textsuperscript{124} Notes shared with the Evaluation Team on the CERF secretariat’s comments on the UNICEF proposal submission packages in 2013 and 2014.

both the disbursement of sub-grants to implementing partners and project completion, affecting its efficiency and effectiveness.

UNICEF’s rate of disbursement to implementing partners was considerably slower compared to United Nations sister organizations. In 2013 (2014 data not yet available) the average time from receiving the funds to issuing a sub-grant was 61 working days in the Country Office. The WASH, health and child protection sectors, which constitute the bulk of the response, were the main contributors to the delays. UNICEF CO respondents also noted the delays experienced in fund allocations. Global data for 2013 show that UNICEF implements a far greater number of such sub-grants than other organizations (210 compared to 77 for WFP). However, UNICEF is slower than the average in payment of the first instalment to implementing partners (RR 61.9 working days compared to the global average 46.6 and the Central African Republic average 54.4).\(^{127}\)

Figure 18 plots the number of days between start date of the CERF grant and the first commitment by programme component. The chart shows clear differences between the sectors. Of the dominant sectors only WASH meets the general benchmark of disbursal within 30 working days (i.e., 42 calendar days), but these periods are not commensurate with a quick and immediate response to events as required by the RR.

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127 ‘CERF Sub-grants to Implementing Partners Interim Update on 2013 CERF Grants’, CERF secretariat, 14 October 2014.
Analysis indicates that the delay in disbursement of funds to implementing partners is a systemic issue. In general, UNICEF COs face challenges in relation to PCA processes; other donor funds being prioritized over use of the CERF funds; lack of awareness of the oversight of the disbursement time by OCHA; and capacity problems of implementing partners due to outstanding direct cash transfers. The issue was recognized by the UNICEF Executive Deputy Director who encouraged COs to address it immediately through measures to ensure quicker disbursement of funds to implementing partners, strengthening of monitoring and oversight of timely grants implementation, and improved communication and prioritizing preparedness.

UNICEF in the Central African Republic not only suffered delays in funds disbursement, but also in supplies. Although most supplies are programmed through NGO partners that also receive sub-grants from CERF, CERF disbursal by UNICEF the Central African Republic includes supplies in addition to funds. UNICEF delays on supply procurement were much larger than on cash payment, demonstrating the importance of looking at both aspects. The least effective/efficient cash transactions have been in sub-grant management in child protection; and least effective/efficient supply transactions are found in WASH/RRM, health and the emergency preparedness component.

UNICEF faced delays in programme completion by implementing partners, exemplified by the number of no-cost extensions UNICEF received, which is a sign that implementation was not done according to plan. Furthermore, global data for 2013 show the estimated implementation start by implementing partners is slower (RR: 45 days compared to the global average 35.8 and the Central African Republic average 29.7). Respondents from the UNICEF CO noted delays in implementation in some sectors, attributing it in part to delays in fund allocations and in part to operational constraints, especially insecurity.

**EQ 6.4 Did CERF grants save lives, and if so, with what time frame?**

**Life-saving**

Although there was not enough evidence to draw a definite conclusion, UNICEF projects using CERF grants saved lives in the time frame of 2013 and 2014. However, it is not clear that all projects submitted by UNICEF fit the definition of life-saving as defined by CERF. CERF defines life-saving and/or core emergency humanitarian programmes as “those actions that within a short time span remedy, mitigate or avert direct loss of life, physical and psychological harm or threats to a population or major portion thereof and/or protect their dignity.” In terms of ensuring that projects match needs appropriately, strategic partners noted that the life-saving main objective of CERF grants does not necessarily allow for conducting a risk assessment in the operational planning phase. There should be a balance between proper planning and implementation of the life-saving objective.

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128 This is partly due to the fact that UNICEF does not sign PCA before funds arrival (risk aversion) and there has been no preparation of the PCA before CERF is in the bank.
129 Note from the Deputy Executive Director to country offices on disbursement of CERF allocations to implementing partners, 3 December 2014.
131 ‘CERF Sub-grants to Implementing Partners Interim Update on 2013 CERF Grants’, CERF secretariat, 14 October 2014.
According to HC reports, results for three UNICEF projects in emergency health and nutrition, WASH and child protection\textsuperscript{133} demonstrate that the CERF grants indeed saved lives; however, as per the CERF secretariat comments summarized above, activities with a longer-term approach did not match CERF’s life-saving criteria. UNICEF projects using CERF funds that contributed to saving lives include immunization of children against measles and polio, deworming, and management of acute respiratory infection, malaria and diarrhoea. In addition, for HIV/AIDS, CERF funds aided in girls and boys accessing prevention, treatment and HIV care and people living with HIV/AIDS accessing ARV and PTMC services. CERF funds also contributed to screening of children for malnutrition, provision of psychosocial services for children and reunification of children with families.

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