

OPERATIONAL PEER REVIEW

INTERNAL REPORT: RESPONSE TO THE CRISIS IN THE CENTRAL AFRICAN REPUBLIC

23 MARCH 2014

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SUMMARY

Nearly the entire population of 4.6 million people is affected by the crisis in the Central African Republic. The sectarian fighting between different militia groups has resulted in gross human rights violations and the displacement of about one-sixth of the population. Violence against civilians is pervasive. Propaganda and misinformation have further fueled the mutual distrust and paranoia between communities, generating a spiral of violence marked by gruesome revenge attacks.

The declaration of an IASC system-wide level 3 emergency response to the crisis resulted in significant capacity and leadership strengthening. Nevertheless, the response remains insufficient in scale and speed given the magnitude of the needs. Limited funding, lack of access and poor infrastructure have impeded the humanitarian effort. To date, only 21 percent of the planned US \$547 million for humanitarian assistance has been obtained.

The complex nature of the crisis, with needs and priorities evolving almost on a daily basis, combined with limited funding, which for the most part is tied to specific projects, make it difficult for the Humanitarian Country Team (HCT) to both respond to and anticipate challenges. A stronger field presence is essential in this regard. The HCT must accelerate the operational scale-up in the provincial capitals and the surrounding rural areas to be able to better respond and monitor the crisis. It should also develop both advocacy and fundraising strategies, and establish a response monitoring framework to effectively communicate unmet needs and results.

The security management structure is another critical area of weakness. Humanitarians report a lack of confidence in the security analysis to take full advantage of the available humanitarian space. This report recommends several measures to move towards a more robust security management structure. The HCT must also take more decisive action on key response priorities, including rendering people safe. Protection of civilians must be addressed with a greater sense of urgency. More attention also needs to be placed on improving the functioning of the inter-cluster coordination group; improving the attendance and decision-making process of the HCT; ensuring a proper balance of staffing levels between Bangui and the hubs; making the action plan on accountability to affected populations more operationally relevant; and agreeing on a contextually appropriate timeline to implement the humanitarian programme cycle.

Annex IV includes the full list of observations and recommendations of the operational peer review.

BACKGROUND

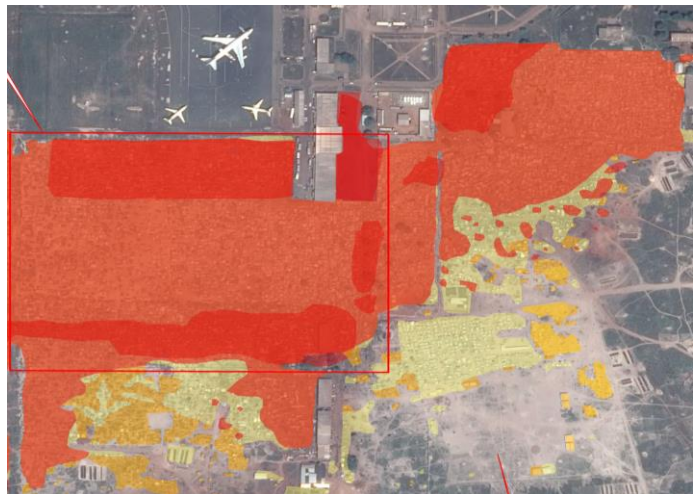
- On 11 December 2013, following consultations with IASC Principals, the Emergency Relief Coordinator (ERC) formally activated an IASC system-wide level 3 (L3) emergency response to the Central Africa Republic. On 5 March 2014, the IASC Principals agreed to extend the L3 system-wide response for six months. A L3 emergency requires an operational peer review to be undertaken within 90 days of the declaration in order to review progress of the response and to recommend any adjustments. To this end, the review was conducted from 24 February to 5 March 2014 (including travel).
- This field-oriented review focused on four areas: leadership; the humanitarian programme cycle; coordination; and accountability to affected people. It also looked at other aspects of the response operations, including security management, and the usefulness of the Transformative Agenda protocols associated with the declaration of the L3 emergency. Support from headquarters, including from the Emergency Directors and IASC Principals, was also considered. The aim was not to conduct an evaluation but to recommend adjustment to the response (or so-called "course correctors"), and to identify good practice. Review of the response and its efficiency was done only insofar as it would support such a goal. Additional information on the purpose, scope, and schedule of the review can be found in Annex I.
- The team interviewed about 200 individuals, including national and local government representatives, international and national/local NGOs, donors, representatives of the military, HCT members, cluster coordinators, and the Senior Humanitarian Coordinator (S/HC). It also met with about 150 affected people and community leaders. In addition to Bangui, members of the team travelled to Bossangoa and Bambari. Observations were included in this report if they were noted by several stakeholders or if they could be substantiated by secondary data or results from the self-assessments. It is important to note that many of those interviewed had been deployed after the L3 declaration and thus did not have knowledge of the prior response.
- In addition to key informant interviews, the team reviewed secondary information, including situation reports, planning frameworks, inter-cluster coordination group and HCT meeting summaries, internal lessons learned, briefing notes on thematic issues, and needs analyses, and other documents. It also collected qualitative feedback and perceptions through four self-assessment exercises with the HCT, the inter-cluster coordination group, and inter-agency groups in Bossangoa and Bambari. The self-assessments consisted of a series of questions covering the four key areas of the review and the results are referenced in this report, where applicable.
- The sections below provide information on the response, learning and good practice, and refer to recommended action to advance the response. The report also identifies several areas of global learning, which would benefit from a more thorough lessons exercise and which should be considered when reviewing the Transformative Agenda protocols and related guidance. The review team highlights areas of global learning for further review in Annex III.

Figure 1. Key dates in the crisis and the humanitarian response



CONTEXT

6. Upon landing in the capital of Bangui, the effects of the conflict in the Central African Republic are immediately visible: thousands of makeshift shelters lined the runway of M'Poko Airport, with four to six people living in huts no more than two meters long or wide. Those displaced in this cramped, tented city resorted to living here after the "anti-balaka"¹ militia attacked Bangui on 5 December 2013, followed by a counter attack launched by the "Seleka", forcing residents to flee their homes and seek protection near the foreign military base at the airport. Others took up residence in more than 50 other sites in Bangui or with host families, preferring to live in communal areas for safety. The population of the M'Poko camp has decreased over the last few weeks, but about 70,000² people remain living in these difficult conditions, afraid to leave due to persistent and widespread violence. The total number of people killed is unknown. There are daily accounts of women or men macheted to death or lynched by street crowds on the way to work or the market. The sound of gunfire is commonplace. Fear permeates the city, particularly at night.
7. Bangui is a microcosm of the situation across the country. The Central African Republic has experienced increasing levels of violence since the initial attacks against the former government in December 2012 until its overthrow by the "Seleka" coalition in March 2013. Since August 2013, violence against civilians and ethnic minorities has soared in the northern and western regions. The sectarian fighting between the "anti-balaka" militia and the "Seleka" rebels has resulted in gross human rights violations, sexual and gender based violence, recruitment of children as soldiers, summary executions, forced disappearances and torture. As a result of the conflict there are currently about 600,000³ internally displaced people (IDP), or 13 percent of the population; at the height of the crisis in December 2013, the number of IDPs was over 900,000. Propaganda and misinformation have further fueled the mutual distrust and paranoia between communities, generating a dangerous spiral of violence. The country is at increased risk of descending into a sectarian war.
8. The latest conflict follows a long history of persistent political instability, low socio-economic standards and weak governance. The Central African Republic is described as a failed state in permanent crisis, and it is one of the least-developed countries in the world. On the Human Development Index (2012), it ranks 180 out of 187 countries. Coups are commonplace and four of the country's five presidents since independence in 1960 have been removed from power through unconstitutional means. The presence of the Lord's Resistance Army has further added to the country's instability.



Top: M'Poko airport runway with the IDP camp in the background. Credit: OCHA (2014). Bottom: Map illustrating in red satellite-detected IDP shelters at M'Poko Airport. Credit: UNOSAT (2014).

¹ Séléka is an alliance of rebel militia factions that overthrew the Central African Republic government on 24 March 2013. Nearly all the members of Séléka are Muslim. The leader of the Séléka, Michel Djotodia, then became the first Muslim president of the country. The word Seleka means "coalition" in Sango, one of the country's local national languages. Anti-balaka is the term used to refer to the Christian militias formed in the Central African Republic after the rise to power of Michel Djotodia. Anti-balaka means "anti-machete" in Sango.

² Displacement figures vary daily and other statistics (number of deaths, villages razed, etc) were not able to be obtained by the review team. The figures referenced should be considered as approximations based on the best information available at the time of the writing of this report.

³ Situation report dated 12 March 2014.

9. The resignation of the president and prime minister on 10 January 2014 resulted in more instability and for almost two weeks there was no government. Given the collapse of the state administration and public services, the government has been unable to provide leadership or tangible support to the humanitarian effort and its authority is weak in many parts of the country. Government offices are looted and destroyed and the policy and army are inoperative. Government ministries set restoring law and order, reinstating basic service, paying salaries of civil servants, and supporting disarmament, demobilization and reintegration as priorities.
10. The crisis has also affected the economy. The Muslim population traditionally held commerce and trucking occupations and their displacement/departure has had significant consequences on the functioning of the country's economy. Insecurity along the key commercial trucking routes has impacted the movement of goods. This is further compounded by decades of corruption, lack of investment and high unemployment. The destruction of productive assets and the damage or destruction to property and livelihoods has contributed to further increasing vulnerability among large sections of the population. The Central African Republic has the fifth lowest GDP per capita (\$486 in 2012). Sixty-three percent of households live below the poverty line. Over two-thirds of the population relies on agriculture and this years' harvest is under threat due to conflict.

KEY COURSE CORRECTORS

The action plan in Annex IV of this report details the complete set of recommendations put forward by the review team. Below are the key course correctors.

	Recommended Action	Timeframe
Protection	Agree and implement a comprehensive protection strategy, building on existing elements like the relocation plan, to guide the collective response. Agencies should ensure that the strategy is mainstreamed as appropriate. Affected populations and national and local civilian actors must be consulted on options being considered and decisions taken. Given the nature of the crisis, protection of civilians is an urgent response and advocacy priority.	Immediate
Operations	Prioritize operational response capacity and expedite delivery of aid beyond provincial capitals to areas of origin of IDPs. Given the impending rainy season, greater consideration also needs to be given to pre-positioning supplies. Response in rural areas lacks sufficient resources and delivery is reported as weak. Coordination capacity must be proportionate to operational response capacity; greater emphasis should be placed on delivery.	Immediate
Security	Ensure the necessary security analysis and a further improved security management structure to give humanitarian actors the confidence to make full use of the available humanitarian space. This is essential for such an insecure and volatile context. Consideration should be given to holding a specific session of the HCT to determine how UNDSS and partners can better facilitate humanitarian delivery and staff safety. The security management system was consistently highlighted by stakeholders as a critical weakness.	Immediate
Advocacy and resource mobilization	Develop a compelling 'story' of the plight of Central Africans globally, and make a collective effort at all levels to drive it out to donors and the media. This includes the development of a common communications strategy with key messages and events to raise donor and media awareness of the crisis. HCT fundraising and advocacy efforts are currently insufficient for maximizing donor support. Funding was repeatedly noted as the key impediment. The HCT should communicate more effectively the unmet needs, results and constraints.	Immediate
Capacity development	Proactively engage and further strengthen the capacity of national and local civilian humanitarian actors as part of ongoing programming, while realizing the transitional nature of the political context. The international response is not sufficiently aligned with and supportive of government and other national/local capacities, plans and responses.	Ongoing

4.6 million PEOPLE AFFECTED	601,858 PEOPLE DISPLACED	300,398 CENTRAL AFRICAN REFUGEES IN NEIGHBORING COUNTRIES	UNKNOWN NUMBER OF PEOPLE KILLED	9 AID WORKERS KILLED	21% RECEIVED of \$547m REQUESTED*
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Source: Situation report/regional snapshot as of 17 March 2014 and Financial Tracking Service as of 20 March 2014.

* Note: The January 2014 strategic response plan requirements decreased from \$551 million to \$547 million.

FINDINGS

Response Operations and Preparedness

11. The response to escalating violence in the Central African Republic has seen an upsurge in staffing since the declaration of a L3 emergency, with stakeholders noting that the rapid surge of senior and experienced humanitarians through the Inter-Agency Rapid Response Mechanism (IARRM) has aided efforts. The other protocols related to L3 emergencies were also applied, albeit using a flexible approach to the timeline (see figure 1). This included deploying a separate S/HC, activating the empowered leadership protocol, applying the humanitarian programme cycle concept, and providing a \$20 million allocation from the Central Emergency Response Fund (CERF). Stakeholders noted that with the necessary international support, a deterioration of the crisis could be averted but low funding, poor infrastructure and general insecurity limited their best intentions and efforts. Only a handful of donors are present in country.

12. Since December 2013, the total number of UN international staff⁴ in the Central African Republic increased by more than seven times from 49 to 385 people in country (see figure 2). Most of this capacity has been centralized in Bangui (352 UN international staff in Bangui versus 33 in all of the hubs combined). This may be due to the high displacement and protection needs in the capital. Out of the 601,858 internally displaced Central Africans, about 176,000 are in Bangui alone (about a quarter of the city's population) as of mid-March 2014. However, needs are equally pressing in the rural areas and capacity in the interior needs to be reinforced with a continuous presence. The scale-up plan established by the HCT in late December 2013 has been slow to materialize. Out of the seven hubs planned by March 2014, six are operational to various degrees with at least one staff member per location (all except Ndele). The HCT (supported by headquarters) needs to make every effort to fully implement this scale-up plan immediately. A greater field presence would provide the international humanitarian community with more information on the crisis in order to better carry out and adjust its response.

13. In this regard, the review team recommends that the S/HC and HCT fast-track staff deployments and the delivery of assistance in the provincial capitals and from the capitals further afield in areas of return. This may require relocating staff from Bangui to the field as well as pre-positioning supplies before the onset of the rainy season. This is crucial to support IDPs who have already returned. Often IDPs return to find their homes burned down, crops destroyed and the community infrastructure (shops, offices) looted, further exacerbating

Figure 2. UN international staff for Bangui and hubs

Location	December 2013	January 2014	March 2014
Bangui	35	120	352
Bossangoa	6	9	10
Kaga Bando	1	2	8
Bouar	1	1	6
Bambari	0	2	4
Paoua	4	3	4
Zemio	2	2	1
Ndele	0	0	0
Total	49	139	385

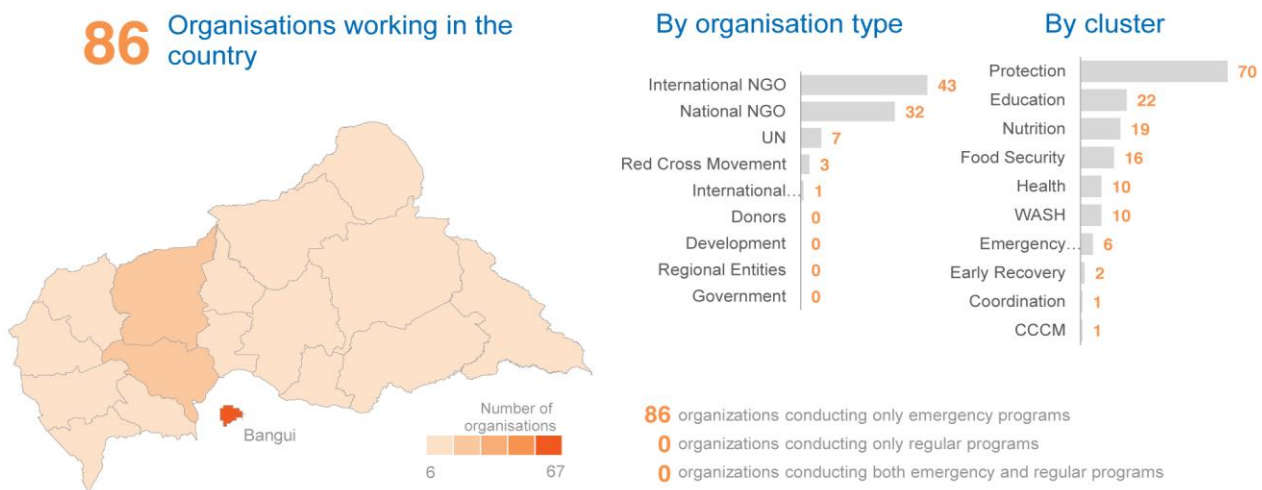
Source: UNDSS, UNCS, OCHA as of 12 March 2014.

⁴ It was not feasible to collect deployment/staffing records for the entire HCT/clusters for this review. The review team used information compiled by OCHA for an Emergency Directors Group background paper prepared on 12 March 2014. UN international staffing levels serve as a proxy for the staffing levels of the broader international humanitarian community.

their vulnerabilities. A stronger field presence could also prevent the crisis from getting worse by providing “protection by presence” as well as increasing the delivery of humanitarian aid to avoid a further deterioration in vulnerability.

14. In addition, appropriate measures need to be taken to balance coordination with response capacity to ensure the focus remains on the delivery of aid. This may require staff designated for coordination roles to take on operational response functions as required. While it is difficult to determine the number of people deployed to the Central African Republic (this information is not tracked on a system-wide basis), it is estimated that several dozen staff were deployed to support cluster capacity and another 44 OCHA staff⁵ were deployed to support coordination (or provide technical support to the implementation of the humanitarian programme cycle).
15. Connected to the maintenance and expansion of the humanitarian presence outside Bangui is the practical set-up of common premises (field offices and accommodation) in the hubs, accompanied by sufficient logistical support. The relocation/evacuation of international staff in late 2012/early 2013 and their return in mid-2013 disrupted operations and required many to start from the beginning – setting up offices or rehabilitating those that have been looted or vandalized. The review team recommends that the S/HC and HCT urgently accelerate measures to improve the living and working conditions in the hubs and increase the availability of accommodation to allow for the expansion of the humanitarian presence. Some improvements have already been reported to the review team in the last few weeks. In places where common premises are being rehabilitated, these efforts need to be fast-tracked by the designated lead agency for that hub. Staff in Bossangoa, who live in the same common compound, looked visibly worn and reported having various skin rashes and abscesses. They also noted that they lost considerable weight and lived in squalid conditions with areas of open sewage and improper hygiene for cooking. Additionally, it was reported to the review team that working and living conditions in Kaga Bandoro were also poor. Field staff recounted being sent out to establish hubs with no logistical support, including vehicles or other means to set-up operations. As part of global learning, when a L3 is declared, the review team recommends that adequate logistical capacity and other support be deployed to help set-up offices in order to allow operational and coordination capacity to focus on

Figure 3. Number of humanitarian organizations present in country as of March 2014



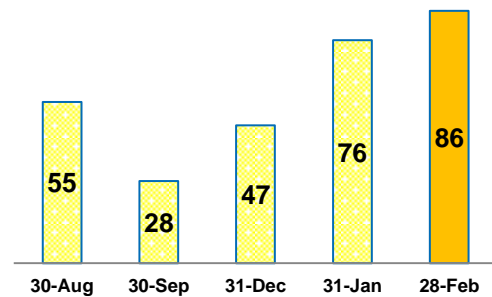
Source: 3W database (OCHA), 12 March 2014.

⁵ OCHA surge records (deployed and returned staff) as of 7 March 2014. It is estimated that about 35 staff were deployed to fulfill cluster functions as of mid-February 2014.

their specific tasks. Logistics support is also needed to secure access to affected populations by repairing bridges and roads before the upcoming rainy season.

16. Despite impediments, humanitarian work is possible and the presence of humanitarian actors in the Central African Republic since August 2013 has scaled-up (see figure 4). According to the “who does what where” database (3Ws) maintained by OCHA, as of the end of February 2014, 86 organizations reported their presence in country with the breakdown as follows: 7 UN agencies, 43 international NGOs, 3 entities of the Red Cross/Crescent Movement, one international organization, and 32 national NGOs (see figure 3). However, as noted above, the presence of organizations outside of Bangui is low. Sixty-seven humanitarian partners work in Bangui in comparison to 36 partners in Ombella M’Pok, the next prefecture with the highest partner presence. It is important to note that length of time that an organization is present in a certain location or whether they are operational are not tracked.
17. MSF and ICRC are reported to have the broadest reach in country, largely due to the flexibility of the operating and security protocols, their stable funding sources and priority-setting⁶. MSF informed the review team that it had 2,500 staff working in about 20 locations. Nevertheless, it noted that it had insufficient capacity given the mounting needs and it repeatedly appealed to the UN and NGOs through both internal and external means to expand their presence in order to complement MSF’s activities and ensure broader coverage. In response, UN agencies and NGOs noted that the previous relocation/evacuation of international staff required many to reestablish themselves in country or field locations. Others cited access and security constraints as obstacles. Funding was repeatedly noted as the key impediment. The costs of operating in the Central African Republic are high given that it is landlocked country with poor infrastructure. For those NGOs wishing to establish a presence, the start-up costs and the limited funding potential are deterrents. Project-based UN agencies and NGOs have spending restrictions as their funding is tied to projects or grants with no flexibility to internally redirect resources to other priorities/operations. More flexible funding provided early in the year was repeatedly noted to the review team as crucial for organizations to be able to operate in such a fluid and unpredictable crisis.
18. Response efforts are also hampered as the movement of goods is both logistically challenging and expensive. Since the end of January 2014, the African-led International Support Mission to the Central African Republic (MISCA), which was created by the UN Security Council on 5 December 2013, has guaranteed an average of one escorted convoy per week from Cameroon to Bangui (about 700 kilometers of road). This has both aided humanitarian response efforts and supported the economy by allowing goods to enter the capital. However, insecurity makes the road very dangerous and any movement outside the escorted convoys is a high risk and not advisable. Often the supply route is cut off by different armed groups. The truckers, mostly Muslims, are reluctant to resume trucking operations for fear of attack and have refused to travel without an armed escort, resulting in delays. The MISCA-escorted convoys are insufficient to guarantee the monthly demand of food for the humanitarian operations. Given this, WFP established an air bridge of 20 flights between Douala and Bangui between mid-February and the beginning of March. Stakeholders noted to the review team that increased attention should be placed on securing the road and improving infrastructure (bridges, roads, etc.) to support the safe movement of goods, which will help reestablish the local economy, instead of transporting goods by air.
19. Given the issues noted above, the review team heard widespread concern from stakeholders that aid was not reaching the affected people quickly enough and to scale. Attempts by the review team to quantify aid delivery were unsuccessful. The situation reports prepared by OCHA provided some level of information on inputs but

Figure 4. Number of humanitarian organizations working in country by time period



Source: 3W database (OCHA), 28 February 2014.

⁶ It is important to note that several NGOs – including ACTED, Solidarités, COOPI, International Medical Corps, Action Contre la Faim, Danish Refugee Council, Première Urgence - Aide Médicale Internationale, Merlin, and Mercy Corps – are reported to have maintained consistently a network of offices and international personnel in the field.

it was impossible to determine the total amount of aid distributed or the services provided per time period. The reports also did not indicate a total target amount of goods or services to be delivered making it difficult to determine coverage. The Humanitarian Dashboard includes coverage rates but most stakeholders considered the information unreliable as clusters have the discretion to choose which indicators they report against, and there is no response monitoring framework (with a data collection tool) to ensure the transparent aggregation of results for all clusters. Many noted that the data presented was largely based on estimates and conjecture. As an example, the Humanitarian Dashboard produced on 28 February 2014 indicated that some clusters already covered 50 percent or more of the targets which they chose to report against – only five weeks after the January 2014 strategic response plan was launched. The most glaring coverage rate was reported by the protection cluster which disclosed that 109 percent of its target of providing psychosocial support services had already been met. This calls into question the target as well as the report. In addition, not all clusters provided information to the Humanitarian Dashboard; notably absent was the health, food security, emergency telecommunications, and logistics clusters. OCHA reported a consistent reluctance by clusters to provide inputs to reports on the collective response. Efficiency of delivery and the quality of services and goods provided was not reviewed by the operational peer review and should be taken in account in the upcoming inter-agency humanitarian evaluation expected to take place in six months.

20. The review team observed that the unpredictable and fluid nature, complexity, and scale of the crisis had caught the humanitarian community off guard and continued to do so. The HCT was reacting to the crisis instead of getting ahead of or anticipating the next stage. There seemed to be a hesitancy in deciding on the best course of action; this may be due to the complexity of the protection issues and reluctance to make a "bad decision" which may affect the safety of the affected communities. To remedy this, the HCT needs to get timely information on new emergencies, emerging priority locations and analysis on displacements in order to move away from this reactive approach. In addition, the capacity of the humanitarian community needs to increase to enable them to be proactive. In line with the empowered leadership protocol, there may also be a need to set up special advisory groups to the S/HC and HCT on critical issues, such as protection of civilians, to be able to act more swiftly and make decisions.
21. Finally, given that rainy season is a regular occurrence that starts in April, when many roads become impassable, the HCT should have done more to fast-track the preparation of a contingency plan which took into account the rains as well as other risk factors for the entire country. Many of the displacement sites will be negatively impacted by the rain. According to information available to the review team, the last country-wide contingency plan was prepared in March 2013. At the time that the review team was in country, a contingency plan for the rainy season and for Bangui only was being prepared but it was considered too late and too limited in scope. It was reported that the approach was reactive and that the plan was prepared in three separate segments by three separate clusters/task teams instead of bringing the cluster coordinators together to develop a more comprehensive approach. Clusters viewed the development of the plan as an effort to "catch up" to preparedness actions already underway. Another, separate plan reportedly exists for country-wide food security and agriculture needs. The review team recommends that the HCT (with support from the inter-cluster coordination group) ensure proper preparedness actions are undertaken. This includes preparing a comprehensive contingency plan and ensuring the necessary pre-positioning and stockpiles are available in country and regionally. These efforts should be supported from headquarters and regional levels as required.

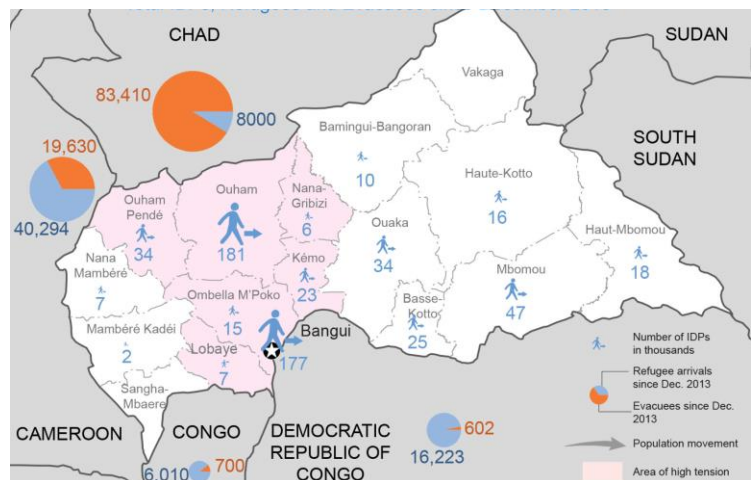
Protection

22. Violence against civilians is pervasive. Both Muslim and Christian populations are being targeted by the "anti-balaka" militia or "Seleka" rebels resulting in daily population movement within the country and across the border. The continued displacement and spiral of violence have many humanitarians fearing that the country may be partitioned along religious grounds. Door to door searches by mobs seeking potential victims for retribution are now commonplace. Thousands of homes have been razed or demolished to prevent the return of those targeted; children are used by armed factions; and torture and killing of civilians are daily occurrences. The widespread nature and the number of human rights abuses are too many to note. Those affected have limited access to medical or emergency services given the lack of public services and the limited reach of the international humanitarian community beyond Bangui.
23. The MISCA has a mandate to protect civilians and restore security. It is supported temporarily by the French military ("Operation Sangaris"), and has focused on restoring the minimum security conditions in Bangui and supporting the build-up of the MISCA force. Insecurity is fuelled by the proliferation of small arms, and the breakdown of law and order. While the MISCA and Sangaris have been instrumental in opening up humanitarian space and aiding in the protection of civilians, they are too few to be able to provide the level of security required. Discussions to establish a 12,000 member peacekeeping force to focus on protecting

civilians are underway in the UN Security Council. Many interlocutors expressed the need for a substantial peacekeeping presence to adequately deal with the protection dimension of the crisis to be urgently deployed.

24. The international community's response to the protection needs has been described as slow and inadequate in the media. Protection of civilians is the foremost concern of those interviewed by the review team. It was rated as a priority area in the self-assessments of the HCT and inter-cluster coordination group, and the HCT noted that a single, comprehensive protection strategy and standard operating procedure was needed to guide the response. They also called on increased headquarters support to progress in this critical area. The complexity of the protection issues and the imperative to "do no harm" seem to have prevented the HCT from agreeing a unified and decisive way forward on a range of issues including relocation, site closures, returns, physical security of vulnerable groups and so forth. The S/HC, HCT and the protection cluster must prioritize the development of a comprehensive protection plan, which provides practical solutions to vulnerable populations, is updated regularly to reflect changing circumstances, and made fully operational with commensurate resources. It should be broadly disseminated within the humanitarian community and clusters should ensure it is mainstreamed within their strategies. The planned establishment of a dedicated protection task force chaired by the S/HC may serve to strengthen efforts in this critical area. At the same time, it is recognized that the HCT alone cannot resolve the protection issues in the Central African Republic, requiring a political solution and re-establishment of law and order. Measures to support reconciliation, state-building, justice and security sector reform, and disarmament and demobilization are urgently needed to improve protection of civilians in the long-term.
25. Protection of civilians affected and at risk must inform the HCT's decision-making and response. Key to this is strengthening the collection, management and analysis of information to inform and adjust the response and to support coordinated advocacy. Protection monitoring activities have been implemented since the start of the upsurge in violence to be able to map populations at risk; the protection cluster has identified 18 sites/locations where the lives of Muslim populations are at serious risk/imminent threat (referred to as the "monitoring map of populations at risk and hotspots"). The establishment of "site facilitators"⁷ at IDP sites has supported more effective coordination of protection activities in IDP sites among protection actors and between them and the IDPs. By all accounts, this initiative has worked well with regular updates on each IDP site shared with the broader humanitarian community for appropriate action. It was reported that the Danish Refugee Council (DRC) established a hotline for protection issues and has undertaken various activities regarding social cohesion and community reconciliation in support of return. The DRC "4040 greenline" project is a 24-hour free hotline that allows Central Africans to report protection violations, ask general queries, and receive referral mechanisms from a rotating team of eight trained psychologists and lawyers. The project has been operating in the Central African Republic since August 2013 and has received over 9,000 phone calls, an average of 67 calls per day. DRC successfully negotiated with all four telecommunications companies to permit one common emergency number (4040) to be accessible for free across users of the various GSM providers.

Figure 5. Map depicting IDPs, refugees and evacuees (source: OCHA)

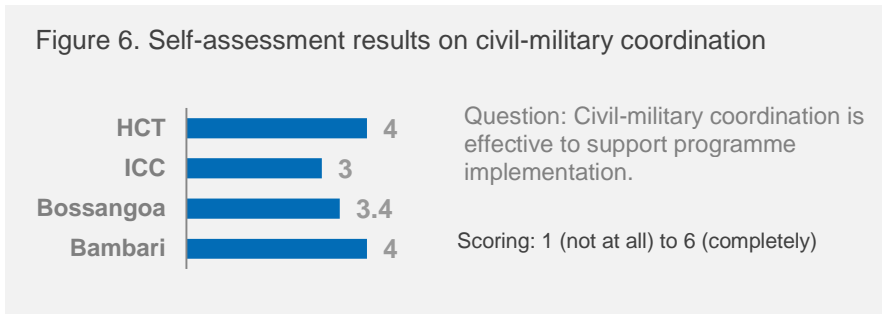


26. In undertaking this work, it is essential that affected people and the population at large are consulted to identify appropriate protection measures and to ensure that they are meaningfully engaged in all decisions and actions that have a direct impact on their wellbeing. The "site facilitators" initiative mentioned above is a good mechanism to facilitate two-way communication between humanitarians and affected people. This is particularly important as there are implications of demographic changes to the Central African Republic and to the region if populations are moved. There is an inherent dilemma of whether to aid Muslims by facilitating

⁷ As part of IOM's Displacement Tracking Matrix work, "site facilitators" regularly visit each displacement site in Bangui to interview IDPs to assess and address urgent needs. This information is compiled into a profile for each site which is shared with humanitarian actors in order to better inform the humanitarian response.

their departure from the country, thus potentially contributing to demographic changes, or to support them in IDP camps, weighing the risk that they be killed. In this regard, local authorities and community/religious leaders in Bambari informed the review team that greater consultation was needed on actions with potentially significant risk, such as the relocation site for Muslim IDPs, in order to avoid an upsurge in religious tension.

27. Other protection initiatives are underway which include collaboration among a range of actors. In particular, there have also been efforts to establish night shelters or sanctuaries to facilitate the return of displaced people to their communities. By some accounts, one in five Central Africans sleep in night shelters and return home during the day. In Bangui, a plan to facilitate the return of IDPs has been developed by the mayor and the protection cluster, with support from OCHA, MISCA and the Sangaris. As part of this plan, and in consultation with a representative group of affected people, a night shelter (or "sanctuaire") was established for those IDPs originating from the fifth district of Bangui. This night shelter allows IDPs to return to their communities to carry out commercial and agricultural activities but to sleep in a communal, protected setting as they are afraid to sleep at home. It is a good example of collaboration among local authorities, international humanitarian actors, and foreign military in identifying solutions to protection issues. As a result of this initiative, district committees have been formed by the mayor to facilitate collaboration between residents and humanitarian partners, the MISCA and the Sangaris on security issues and humanitarian challenges in the eight districts of Bangui. These efforts should be replicated to prevent situations where displaced people perceive that facilitation of onward movement as the only way to achieve security.

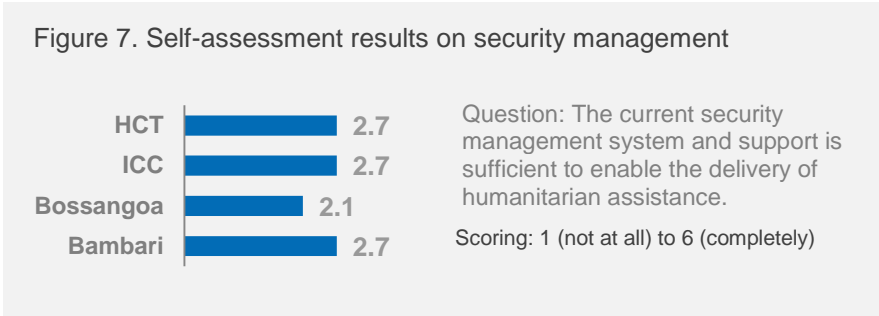


28. Efforts are also reported underway to strengthen advocacy. These should be fast-tracked and expanded given the extremely volatile context. Stakeholders called upon headquarters to do more in this regard. There are also local examples of religious and community leaders undertaking initiatives to maintain or restore confidence among Muslims and Christians living in the same community or to protection the other/minority group; this was observed by the review team in Bambari.
29. A civil-military coordination cell, referred to as CMCOORD, was established in December 2013 to serve as a liaison between humanitarian partners and military elements, including MISCA and Sangaris. This was identified early in the L3 activation as a required function in support of humanitarian action given the overriding protection concerns and the need for liaison between humanitarian actors and the increasing number of international forces. Notably, the CMCOORD cell also includes the protection and logistics cluster coordinators as well as a NGO security focal point; this serves to further bolster cooperation and coordination among a broad range of actor and should be considered as a good practice. CMCOORD also liaises with combating groups, namely the "anti-balaka" and "Seleka" rebels. The strong collaboration and regular engagement of actors that participate in this cell have resulted in the delivery of food and non-food items in the M'Poko IDP camp, the entry of humanitarian supplies into Bangui, the facilitation of the protection of displaced population in various locations in country; and the facilitation of access for the delivery of humanitarian assistance. At the request of CMCOORD, MISCA/Sangaris have established regular patrols to provide security to all IDP sites and volatile neighborhoods in Bangui and in the provinces. The strong civil-military coordination in the Central African Republic was widely praised by those interviewed by the review team and it was rated high in the four self-assessments conducted (see figure 6).

Security

30. Security was highlighted as a critical issue at all levels and among all groups (UN, NGO, military). The security management system was among the lowest ranked categories in the four self-assessments undertaken (see figure 7). This was substantiated in interviews with stakeholders, who repeatedly expressed concern about the security management system, noting that although some improvements had taken place, it was still falling short in providing much needed security analysis. It was also underscored that the Security Management Team (SMT) needs to do more to ensure a coordinated security management structure is in place given the dangerous and volatile context. Of concern to the review team is the clear perception in the humanitarian community that security management is still insufficient. The review team itself faced a number of challenges related to security management and procedures while in country.

31. Given UNDSS' key role in this area, the review team collected information on its support to the humanitarian effort⁸. It did not review the support provided to political and development operations. Overall, the review team repeatedly received information at all levels that support from UNDSS was not instilling in humanitarians the confidence to operate in the Central African Republic. It was widely recognized that UNDSS was making an effort to work in a complicated and complex context, it had increased staffing and the level and quality of its support had improved over the last few weeks. It was also noted that UNDSS provided critical support in extracting national colleagues whose lives were at risk. However, with constantly evolving needs, more support is needed.
32. UNDSS reported to the review team that it engaged the humanitarian community in updating the security risk assessment but with limited response from humanitarian agencies. In turn humanitarian agencies report their low level of engagement in UNDSS-led processes is due to a loss of confidence in UNDSS' ability to carry out such work in this context. Some HCT members perceived UNDSS as ill-prepared to support the HCT adequately and/or lacking the leadership and management skills given the magnitude and complexity of the situation. Members of the HCT and CMCOORD expressed frustration that UNDSS was frequently absent from meetings. When a representative did attend, only limited analysis of the security situation was provided. UNDSS New York informed the review team that it was "making efforts to enhance its analytical capacity" on the ground.
33. Stakeholders also reported that (working level) security coordination cell meetings were ad hoc and infrequent. As an example, the cell did not meet for three weeks during the critical and tense period between the government resigning and the new administration beginning its leadership in late January 2014. The collection of security information, its analysis and dissemination must be improved so that the HCT can be better informed on ways to manage risk while providing assistance to more people. It is important that there is sufficient capacity to follow what is happening and analyze the trends. UNDSS also needs to hold more regular security cell meetings, strengthening synergies and coordination among UNDSS, agency field safety advisors and NGO security on the ground.
34. UNDSS staffing was also highlighted as an issue by all stakeholders interviewed by the review team⁹. According to them, up until recently, UNDSS did not have field security coordination officers in the hubs. With CERF funding and temporary transfers of UNDSS staff from other countries, four hubs have now been reportedly staffed and this has been noted as a major improvement. However, the contracts/missions of the field security officers are extended on a monthly basis and when the review team asked for clarification on UNDSS' long-term staffing plan, the security adviser was unable to provide this. It was also unclear what was the role of the UN guard in the safety and security of humanitarian operations. Stakeholders at all levels requested that the agreed designation of area security coordinators in the field be implemented (as per the SMT decision dated 24 January 2014)¹⁰; this would put decision-making closer to the field and avoid delays by having to refer all issues to Bangui.
35. While UNDSS has a number of financial and human resource limitations due to UN General Assembly regulations, it is imperative that alternative arrangements be sought to ensure a robust and coordinated security management structure. This is essential for such an insecure and unstable context. Most



⁸ According to information provided by UNDSS New York, the UN Integrated Peacebuilding Office in the Central African Republic (BINUCA) is an integrated special political mission with an integrated security section led by the UNDSS security adviser. The security section comprises security personnel of the mission as well as security officers from UNDSS.

⁹ Based on its draft report, UNDSS New York expressed concern that the review team did not adequately reflect that UNDSS "leads a complex security section, including 560 members of the UN Guard in addition the mission's security personnel". It further noted that "UN security personnel are present in all 7 UN locations and not 4. ... [and] the integrated security section of BINUCA comprises 16 internationally recruited security officers, 10 local security assistants and 6 radio operators. In addition to Bangui, UN security personnel are deployed to all UN field locations, including Bambari, Basssangoa, Bouar, Kagabandoro, Poua, and Zemio". However, the review team notes that the information on UNDSS capacity in the field was provided by its office in Bangui. Despite UNDSS New York's assertions that all relevant security measures are in place, it was evident that the implementation of these measures was not fully effective, thus resulting in the weaknesses identified in this report.

¹⁰ At the time that the review team was in country these appointments had not yet taken place.

stakeholders called for an upgrading of the UNDSS senior position to chief security adviser to ensure that the responsibilities are commensurate with the necessary leadership and management experience. Other measures for UNDSS to consider include ensuring consistent staffing and delegation of authority to the hubs; updating the security risk assessment to inform the Minimum Operating Security Standards (MOSS); ensuring UNDSS' regular attendance to HCT and CMCOORD meetings; carrying out proper security briefings for all staff upon arrival (and retroactively providing this briefing to surge staff already deployed in country); and putting in place a field focused security analyst to develop a more thorough understanding of the security situation. It was also underscored that UNDSS needs to ensure greater engagement with NGOs, which may result in improved information to support security analysis.

36. In addition, the HCT felt that a specific session with UNDSS is needed to determine how UNDSS and partners can best facilitate humanitarian delivery and staff safety. The HCT also needs to review programme criticality regularly, with meaningful input from UNDSS related to risk management, to deal with the rapidly changing environment. In terms of programme criticality, the HCT would benefit from increased support and training (from headquarters) in fully implementing this approach.
37. The essential point is that the humanitarian community expressed its dissatisfaction with the level of support and analysis provided on safety and security issues. The analysis of risks was deemed too limited for the humanitarian community to take advantage of the humanitarian space available. There was widespread agreement that a robust, focused and enabling security management structure led by the Designated Official, working with the SMT, and supported by UNDSS, is urgently needed. More effort needs to be placed on putting measures in place to enable humanitarian operations while keeping staff safe. If the appropriate actions are taken, cooperation among UNDSS and the humanitarian community will improve, enabling humanitarian operations to reach more people.

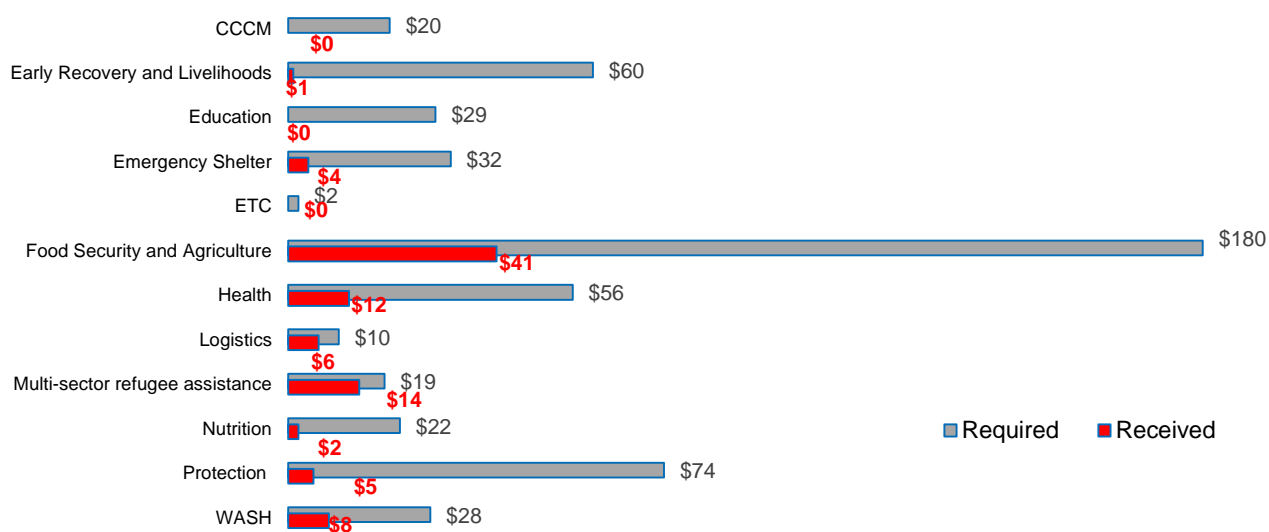
Advocacy and Resourcing

38. Nearly the entire population of 4.6 million people is affected by the crisis. The destruction of property and loss of livelihoods have exacerbated vulnerabilities of an already fragile population. Many villages have been razed. Almost one-sixth of the population is internally displaced and another 300,398 Central Africans have sought refuge in neighboring countries¹¹. The grave humanitarian situation is compounded by a perceived indifference by the world to the plight of the Central Africans. The few media outlets that report on the conflict refer to it as "the worst crisis most people have never heard of". It is forgotten, underfunded, and neglected, and the HC and HCT need to place more effort into putting the Central African Republic on the map. Given the recent attention brought by the donor conference in Brussels 20 January 2014, the HCT should develop an advocacy and communication strategy to provide more consistent messaging on the urgency and severity of the crisis and to increase its visibility. It also needs to do more to scale-up operations and report on results – key concerns of donors and the justification given by them for the underfunding. The HCT also must demonstrate results for and to the affected people of the Central African Republic.
39. Sufficient funding remains an impediment to operations. The January 2014 strategic response plan requests \$547 million (revised from \$551 million), which represents an increase in requirements of more than 120 percent from the December 2013 strategic response plan (\$247 million). As of 20 March 2014, the January plan received \$114 million or 21 percent of funding. This is more than the \$103 million received in 2013 against the HCT's planning framework (CAP). As the graph below illustrates (see figure 8), the three best funded clusters are multi-sector refugee assistance (73 percent), logistics (58 percent) and water, sanitation and hygiene (28 percent). The worst funded clusters are camp coordination and camp management (CCCM), education and emergency telecommunications – all receiving 0 percent of their requirements. The unevenness of funding across clusters is significant.
40. At the donor conference in Brussels on 20 January 2014, about \$496 million was pledged, of which about \$204 million was designated for humanitarian action in the Central African Republic and the remaining pledges focused on early recovery and development initiatives. As of 20 March, about \$87 million of the \$204 million in humanitarian pledges has been committed (42 percent). There may be a number of reasons for the delay in the receipt of pledges. Some donors informed the review team that the South Sudan crisis detracted resources away from the Central African Republic. Others questioned the absorption capacity and the feasibility of implementing the strategic response plan, if it was to be fully funded, particularly given access and security constraints. The shift from coordinated project planning to activity-based costing from the December 2013 to

¹¹ Regional Humanitarian Snapshot dated 17 March 2014.

January 2014 strategic response plans also caused confusion among donors. Projects from the December plan are available online through the Online Project System (OPS), but the January plan has no projects and uses lump-sum requirements per cluster based on activity costs. The lack of clarity on the link between the two plans and the costing methodologies has donors questioning the transparency of planning and resource mobilization efforts. Further, measures were not taken in advance to put in place the proper structure to manually track funding at the country-level against the requirements in the plan, an essential step for those countries following an activity-based costing method. Before using an activity-based costing method to budget a strategic response plan, the issue of capacity to tracking funding in-country needs to be carefully considered and planned.

Figure 8. Strategic response plan funding per cluster (USD, millions)



Source: Financial Tracking Service, 20 March 2014.

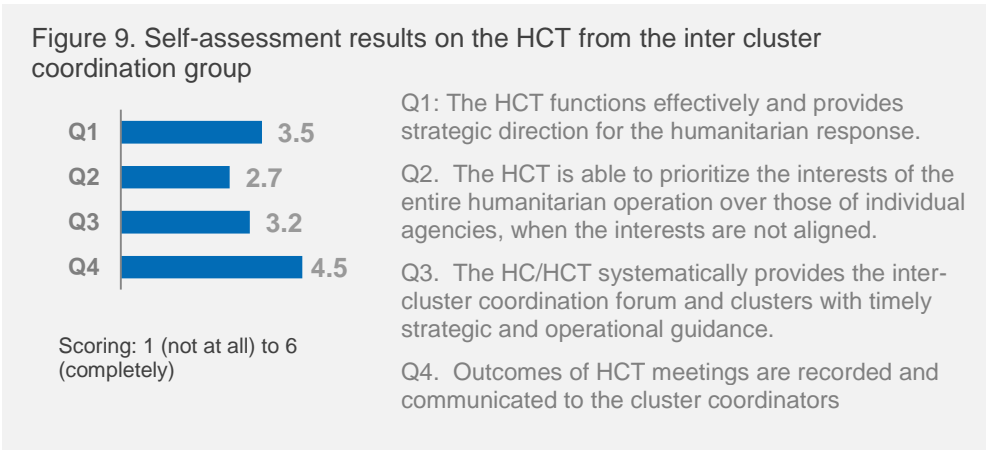
41. Overall, more consistent follow-up with donors that pledged funding in Brussels is required. To this end, consideration should be given to establishing a fundraising strategy with a designated person in country responsible for supporting the collective resource mobilization efforts and the tracking of funding against the lump-sum requirements included in the January strategic response plan. As part of the fundraising strategy, the S/HC and HCT should consider organizing several joint missions to key donor capitals or regularly hold teleconference with donor capitals to brief on the situation, results, and unmet needs to increase the visibility of this crisis and to garner sufficient resources to be able to more speedily progress with the response.

Leadership

42. Following the declaration of a system-wide L3 response in the Central African Republic, the IASC Principals agreed to appoint a S/HC, effectively separating the Humanitarian Coordinator (HC) function from that of the Resident Coordinator (RC). As there were no candidates deemed suitable in either the L3 or the HC pool, the ERC called on the IASC Principals to nominate candidates. As a global learning, the composition of the L3 pool should be revisited to ensure the availability of more candidates.

43. The deployment of the S/HC has been appreciated by partners and donors alike. Stakeholders informed the review team that improvements to humanitarian leadership have been noticeable since the S/HC arrived. Particularly useful was his initiative to institute weekly missions to field locations with heads of agencies to keep abreast of the response in the different geographical areas of the country and to link Bangui with the hubs. This can be considered as a good practice to be replicated elsewhere. It was also reported that the S/HC has impacted positively on the conduct of HCT meetings and in resolving issues related to the humanitarian response.

- 44. There was significant concern about the transition in leadership with the S/HC's three month deployment ending in late March. NGOs and donors felt strongly that the HC and RC functions should continue to be separated in the future in order for the function to maintain a maximum focus on humanitarian action. The IASC Principals should consider various options for doing so, including keeping the S/HC as separate position or establishing a deputy HC function under the SRSG/RC/HC. NGOs urged any future decision about the structure of a peacekeeping operation to be based on a thorough risk and benefits assessment as outlined in the Integrated Assessment and Planning Policy¹²; this assessment should be inclusive of key actors in-country, be guided by national ownership and ensure integration arrangements are appropriate and conducive to humanitarian operations and to ensure that they remain neutral and impartial. This assessment of risks and opportunities should be provided to inform the leadership arrangements in country.
- 45. In terms of the HCT, based on the meeting minutes available, the HCT met at least nine times from September 2013 to February 2014. While the initial meetings focused on information-sharing, this changed since the L3 declaration and the appointment of the S/HC. Meeting minutes as of late December featured strategic topics and outlined decisions taken, but not necessarily the justification for these decisions. While summaries of HCT meetings were prepared and circulated to participants (and more broadly), some noted that decisions were taken on a bilateral basis, outside of the HCT, which served to diminish the confidence in this decision-making body.
- 46. The review team observed weaknesses with respect to the HCT's functioning, and this had an impact on the full application of the empowered leadership protocol. It was evident that the HCT members were not as actively engaged. It was reported to the review team that some agencies sent deputies to attend the HCT with no decision-making authority, while others had multiple representatives that presented competing positions. Three cluster coordinators reported that they regularly attended HCT meetings. For those clusters not attending, heads of agencies were reported to insufficiently represent the clusters that they led. Decision-making was unclear and it was reported that agency interests prevailed over collective humanitarian action or there was a lack of adherence to decisions taken that did not suit individual agency interests. This is reflected in the inter-cluster coordination group's feedback on the HCT, which rated low the HCT's ability to prioritize collective interests over those of each individual agency (see figure 9); the other three questions related to the HCT received higher ratings from the inter-cluster coordination group.



- 47. Given the above, the review team recommends that attendance to meetings be maintained at the head of agency level. Its composition and decision-making processes should be reviewed, documented and then clearly communicated. Information flows with other coordination structures, including the inter-cluster coordination group and the UNCT, should be reinforced. In this regard, the review observed that there were insufficient linkages between the HCT and UNCT. The S/HC should attend UNCT meetings on a regular basis to ensure sufficient connections between the humanitarian and the development agenda. A joint HCT/UNCT retreat is also recommended.
- 48. As a global recommendation, more emphasis needs to be placed on ensuring that HCT representatives are collectively accountable for their role in moving forward on strategic or operational issues and taking and implementing joint decisions. The Emergency Directors and IASC Principals may wish to play a more active role in ensuring that agency representatives are actively participating in the HCT and engaging in the collective effort in support of an empowered S/HC and in turn meet their responsibilities. Further sensitization of country directors is required on the Transformative Agenda protocols; the operational peer review did not necessarily improve awareness of the protocols as this was beyond the remit of the review.

¹² http://www.undg.org/content/post-crisis_transition/coordination_structures/integration

49. Many of those interviewed valued the missions undertaken by Emergency Directors or IASC Principals as serving to bring visibility to this forgotten crisis. However, they were less appreciative of the various products requested to "feed the global machine" or decisions taken outside of the country, without proper consultation with HCT, on issues like the development of an accountability to affected populations framework, the 100 Day Plan, and the January 2014 strategic response plan and the costing of this plan by an activity-based methodology. To further emphasize the limited engagement with the field, the S/HC and HCT reported that they were not asked to feed into the analysis prepared for the Emergency Directors Groups on the extension of the L3 activation period. It is important that the IASC Principals and Emergency Directors sufficiently empower the field.

Coordination

50. Different aspects of coordination were reviewed by the team. This included coordination within the HCT and between it and inter-cluster coordination group; between the national and sub-national levels; between NGOs and the UN system; with government counterparts; within clusters; and between clusters and agencies. Surge capacity was taken into account given the number of staff deployed to support coordination.

51. Following the declaration of the L3, there was a re-emphasis on the cluster approach¹³, which helped strengthen the strategic direction of some sectors, but the number of meetings that followed was considered by all to be excessive. This is partly due to the fact that there are a limited number of organizations and corresponding staff, requiring one representative to cover multiple issues/clusters and to attend the meetings that they organize. For example, one NGO serves as co-facilitator for three clusters; attending their meetings and providing inputs to various cluster processes and products is a full-time job. Further, several task forces and working groups pre-existed the revitalization of the cluster approach (or were recently created), adding to the number of meetings per week.

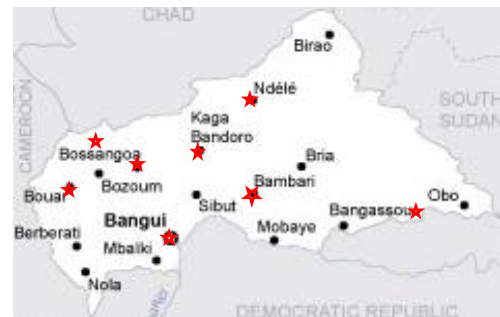
52. A useful way forward adopted by the CCCM cluster is to move away from cluster-specific meetings by leading or supporting four different inter-cluster groups: support to returns; IDP site preparation in light of the rainy season; support to M'Poko IDP camp; and support to the most vulnerable populations. These cross-sectoral groups meet on a regular basis, with specific CCCM cluster meetings taking place only as required, usually once a month. A similar approach is recommended for other clusters to avoid the 'silo' effect created by clusters, to ensure a cross-sectoral collaboration, and to enable the rationalization of resources around common thematic or geographic priorities.

53. The review team also observed that clusters needed to be led by senior, stand-alone coordinators to foster strong operational linkages within clusters and appropriate representation at the inter-cluster coordination group. Additionally, cluster coordinators needed to examine the six cluster core functions as well as cluster management arrangements, as per the Reference Module for Cluster Coordination at the Country Level. With respect to that last point, the protection cluster reported more than 60 members in attendance; the review team recommends that it establishes a strategic advisory group (SAG) attended by a handful of major operational organizations to ensure more strategic discussions while maintaining a broader information-sharing forum. In general, clusters thought that their functioning could be improved by reducing the number of participants and making the cluster more decision-making bodies. Cluster partners noted that the quality of the organization and meeting facilitation across clusters was uneven, and that more attention needed to be placed on ensuring effective cluster leadership.

54. The coordination system includes an inter-cluster coordination group that brings together the cluster coordinators each week. The review team observed that

¹³ Clusters were activated in the Central African Republic in 2007, after the declaration of the L3. On 28 December 2013, the S/HC informed the ERC of the activation of the L3. Eleven clusters are now activated: camp coordination and camp management (formerly known as early recovery), education, emergency telecommunications, nutrition, protection, shelter and non-food items, and water, sanitation and

Figure x. Map of Central African Republic (note: red stars designate operational hubs)



The operational peer review team meets with community leaders in the fifth district of Bangui. Credit: OCHA (2014).

- the inter-cluster coordination group was a weak body which was disconnected from operational/field realities, had no direct link with information management, and served as an information-sharing forum. It recommends that OCHA clarify its structure, roles and responsibilities to support a cohesive collective response by undertaking a review of its office in Bangui to ensure it is properly set up to best support the system. The review team recommends having the OCHA head or deputy head of office fulfill the inter-cluster coordinator function, and that every effort should be undertaken to ensure proper meeting management protocol. A review of the HCT's composition (see paragraph 47) may also positively impact the inter-cluster coordination group's functioning. Some cluster coordinators attend HCT meetings and have a direct line of communication with the S/HC, resulting in bilateral discussions on common issues instead of working on an inter-cluster basis. The review team recommends that the S/HC meet with the inter-cluster coordination group at least on a monthly basis to discuss issues of strategic importance. The weakness of the inter-cluster coordination group has resulted in the proliferation of parallel task teams to discuss operational issues. Every effort should be made to reduce the number of additional groups.
55. At the sub-national level, general coordination meetings take place between humanitarian actors, with special sector meetings called only as necessary. Staffing is limited so sub-national cluster coordinators or inter-cluster coordination generally does not exist. Clusters ensure "coverage" at the sub-national level, rather than "presence" in every location. This lighter structure is considered sufficient in most locations and has been instituted in the interest of keeping the coordination structure light, useful and relevant. To highlight another good practice followed by the CCCM cluster, after reviewing the situation in Bossangoa, it decided not to establish a sub-national presence there as Catholic Relief Services was already doing this work and there was no added value in creating another layer. Instead, the cluster supports CCCM activities in Bossangoa with training, tools, and information-sharing through remote support or missions. In contexts like the Central African Republic where it is difficult to attract human and financial resources, efforts to streamline cluster coordination structures should be considered. For example, this may include limiting the number of separate protection cluster areas of responsibility/sub-clusters or rationalizing the number of cluster/sub-cluster coordinators by appointing one person to take the lead for the coordination of the entire cluster/sub-clusters at the national and each sub-national location.
 56. In terms of national and sub-national level coordination and inter-linkages, most stakeholders thought that the response was primarily focused on Bangui. This is evidenced by the high staffing levels in Bangui (see figure 2). The review team recommends that a firewall be placed between the response in Bangui and the national coordination of the country-wide crisis to ensure sufficient resources and attention on the hubs, and to allow for the inter-cluster coordination group to focus on the national response. A deployment plan is being implemented, which assigns responsibility to different agencies for the operational hubs throughout the country; the implementation of this plan needs to be accelerated. Appropriate measures need to be taken to balance coordination with response capacity, and to ensure that response capacity is not tied up in endless coordination meetings.
 57. Three inter-agency, thematic advisors have been deployed on gender, early recovery and accountability to affected people (AAP), all arriving in country in early to late January. When asked, stakeholders agreed that the three positions were useful to the system. Of concern to the review team were the arbitrary reporting lines of the advisers to the S/HC or to various OCHA staff members. The roles of the three advisors vis-à-vis the wider response and the coordination system need to be clarified. They seem to stand parallel to the system and may be better anchored as part of the inter-cluster coordination group.
 58. There was general appreciation for the L3 declaration as it allowed for the surge of both high caliber and a larger number of staff. However, the arrival of surge staff was erratic, mission lengths occasionally too short and turnover too high. A concern exists about what are the next steps after the surge staff return to their regular duty stations; many organizations report that they have not yet begun the recruitment process to fill these posts in the medium or long-term. The issue of sufficient capacity and the lack of planning for the transition/departure of surge capacity, once their three month deployment period is up, were highlighted as concerns in all the self-assessments conducted. The HC should ensure all organizations put in place a surge transition plan, and take the necessary steps to recruit staff at an appropriate level and with the right skill set. The HCT should discuss the transition plans to identify gaps and to determine areas of focus as a collective.
 59. Partnership between UN agencies and international/national NGOs was reported as strong. Particularly noteworthy is the fact that national NGOs participate in most clusters and are active in the response. The UN and international NGOs need to explore how to proactively encourage greater national NGO participation, for example, by providing transport to coordination or cluster meetings and ensuring the availability of information or the conduct of meetings/process in French.
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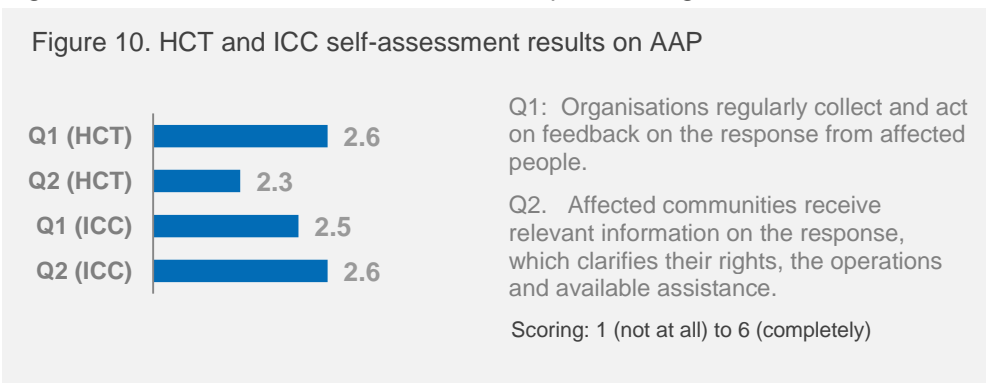
60. Interaction with the government is more limited due to the recent resignation of the president and prime minister and the appointment of a transitional administration. Local authorities informed the review team that they wanted to be informed of projects underway in their areas of responsibility and to better coordinate to meet the needs of the affected communities. The HCT should explore opportunities to increase the engagement and alignment with national and local humanitarian actors as part of ongoing programming while realizing the transitional nature of the political context. This may require a stock-taking of what coordination is happening already with the government and local authorities and also a discussion on potential risk factors. There are also some simple measures that the international humanitarian community can take to empower local authorities; for example, providing the mayor of Bossangoa with a desk and some chairs would aid in the functioning of the office following its looting in 2013.

Accountability to Affected People

61. Being accountable to affected people is not just about how individual organizations implement projects. It is also about how accountable the system is in coordinating its response. Individual organizations or clusters – in particular CCCM, protection, and food security – have put in place initiatives to integrate AAP into activities, but the review team did not observe this being done for the collective. The inter-cluster coordination group reportedly discussed the issues of AAP in December 2013 in order to identify ways to meaningfully influence the response, but the extent to which these were acted upon was unclear to the review team. In fairness, system-wide AAP has not yet been systematically integrated into the induction and training of staff and into tools that explain how AAP can be operationalized on a system-wide basis. As a result, very few people in country understood how to apply this concept to create a functioning, collective AAP framework. It was reported that the inclusion of AAP as an area of focus in the operational peer review brought attention to the subject. The deployment of an AAP adviser was also deemed as a positive step in bringing visibility to the issue and in providing capacity to train and advise clusters on programme design and implementation. The AAP adviser has developed guidance materials as well as a series of posters targeted at staff and senior

managers with messages on the commitments on accountability to affected people (CAAP).

62. An AAP action plan was developed for the Central African Republic based on a request made by the IASC Principals. In the formulation of this action plan, the



Emergency Directors recommended that a series of actions be put in place to enhance accountability and they set deadlines to ensure that the S/HC and HCT report back on actions taken to implement this plan within two months. The plan was heavily based on the AAP framework established in the Philippines, which was considered by the team conducting the operational peer review of the Philippines response as inadequate. The AAP action plan for the Central African Republic thus had similar failings. The plan was developed at the global level with reportedly no input from the field. The lack of participation or even information on the development of such a plan at the country-level seemed counter-intuitive as there was no ownership of the plan in the field. There was actually little awareness of the plan until the AAP adviser arrived and sensitized the HCT to the framework; he is supporting the HCT to adapt the plan to the Central African Republic context by early April 2014. While most of the deadlines for the "required actions" (reportedly set by the Emergency Directors) have already lapsed, and there is an unlikelihood that they will be implemented due to resource constraints, the plan and the L3 activation have placed AAP squarely on the agenda of the HCT. Greater attention needs to be placed on establishing AAP frameworks as a preparedness measure, given the difficulties of integrating this work in the systems and procedures of agencies in the midst of a L3 emergency.

63. The review team met with affected communities in Bangui and Bossangoa. The communities expressed a desire to be involved in decision-making processes, particularly with respect to decisions on the relocation of displaced communities. The results of the self-assessment exercises demonstrated that international actors felt they have been both inconsistent and slow in developing mechanisms for consulting with affected communities, communicating with them about the response operation and instituting accountability to them (see figure 10). As mentioned previously, the CCCM cluster is working to address communication gaps in IDP sites in Bangui through the designation of a site facilitator at each site charged with establishing reliable

communications channels towards improved messaging to IDPs and improved capacity to receive messages from IDPs.

64. Protection from sexual exploitation and abuse (PSEA) is connected to the AAP portfolio. The AAP Adviser reported that the HCT endorsed a code of conduct for PSEA in February 2014, which includes eight key measures to be implemented by HCT members. Each agency nominated a PSEA focal point to participate in a working group to review progress on these PSEA measures.
65. With respect to communicating with communities (CwC), there are no stand-alone CwC projects or a specific adviser in-country for this issue. Oftentimes shortcomings in service provision by the international humanitarian community are due to insufficient communications efforts made at the beginning. A scoping mission was conducted in January 2014 which identified gaps and opportunities to progress in this area. CwC activities in the Central African Republic are needed to dispel propaganda and misinformation which have fueled mutual distrust and paranoia between communities. It would also support two-way communication, essential to gauge the efficacy of humanitarian services delivered. The Multi-Sector Initial Rapid Assessment (MIRA), undertaken in late December 2013, highlighted that among affected populations, communications was of principle importance — tantamount to food and clean water. Although infrastructure is weak, rendering certain parts of the country with little or no access to radio or telecommunications, radios are considered one of the best mechanisms to communicate messages to communities given the 'oral culture' in the Central African Republic. Several partners are engaging in the rehabilitation and/or establishment of radio infrastructure in rural areas, and other have disseminated high-frequency radios to remote communities to improve information. Plans are underway to deploy a CwC adviser to support work in this critical area.

Humanitarian Programme Cycle

66. The HCT implemented the humanitarian programme cycle concept as part of its annual needs analysis and response planning cycle. It prepared a humanitarian needs overview and strategic response planning in fall 2013. Stakeholders informed the review team that the humanitarian needs overview was useful in providing an evidence-base and indicating where there were gaps in information (of which there were many). Donors noted that they found the humanitarian needs overview particularly useful, with one disclosing that it formed the basis of its decision-making. The strategic response plan was based on the overview and launched in early December 2013.
67. Following the L3 declaration, the HCT received direction reportedly from the Emergency Directors to apply the humanitarian programme cycle deliverables for L3 emergencies on top of what was already developed as part of the protracted crisis annual planning cycle. This included drafting a situation analysis, undertaking a MIRA, and preparing a preliminary and strategic response plan. In addition, the humanitarian programme cycle was further complicated with the Emergency Directors' pre-L3 request to the HCT to develop a plan to scale-up capacity over a 100 day period following the Emergency Directors' mission to the Central African Republic in October 2013. This 100 day plan was slow to come together partly due to capacity in country but also due to the lack of consistent guidance and direction from headquarters on the focus and purpose of the plan. The 100 day plan was still pending when the L3 was activated and there was a push to change its scope and purpose from the original intention of serving as an operational scale-up plan to that of a preliminary response plan (or flash appeal) to mobilize resources.
68. As a result of the above, the HCT and clusters were tied up in needs analyses and planning processes from August 2013 until January 2014 - detracting from the response. They ended up with three, back-to-back plans: the strategic response plan launched in early December 2013 (referred to as SRP I); the 100 Day Plan released in late December 2013; and the strategic response plan launched at a donor conference in Brussels on 20 January 2014 (referred to as SRP II). The costing method of the strategic response plans also changed from project planning (SRP I) to activity-based costing (SRP II), which further added to the confusion and workload of clusters. This was unfortunate and went against the very concept of applying the humanitarian programme cycle concept flexibly in the field. Clusters openly referred to this situation as a "nightmare" and noted that they were not sure which plan to use as the basis of their programming or reporting. The plans were not aligned and contained different strategic objectives and indicators. The Information Management Working Group noted that SRP II was the only plan which could be monitored as it contains measureable indicators, but most clusters noted that it was insufficiently informed by the context as it was developed in less than a week, not allowing for sub-national level consultation. National actors were excluded from the process as the documents were prepared and then published in English.

69. Instead of serving as an opportunity for the HC and HCT to take stock and provide a collective vision of the response, the various planning frameworks seemed to largely serve audiences outside the country, although some did note that the frequent planning meetings allowed partners to discuss operational issues and coalesce as a team. As part of global learning, at the onset of a crisis or L3 declaration, the HCT should define and publish a calendar for the application of the programme cycle to that context. For large-scale crises, organizations should prioritize deploying surge staff with a solid understanding of the Transformative Agenda protocols, particularly the Humanitarian Programme Cycle Reference Module, to better support the collective effort. Consideration should also be given to separating out the strategy from the cluster response plans in rapidly changing contexts like the Central African Republic which quickly made the strategic response plan outdated. Creating a higher level strategy would ensure consistent direction which would not be rendered out-of-date quickly; the cluster response plan could then be treated as more flexible, operational planning tool revised by each cluster as the crisis evolves.



A child receives food at an IOM-supported military airport IDP transit site in Bangui. Credit: OCHA (2014).

70. In terms of needs analysis, a situation analysis was published eight days after the L3 declaration (outside of the protocols' timeframe of two days). It was based primarily on information from the humanitarian needs overview, situation reports and secondary data consolidated by OCHA. Those interviewed were not aware of it and it did not seem to serve any purpose.
71. As noted above, the MIRA was initiated in late December 2013. Primary data collection was carried out in 5 days by eight multi-cluster teams covering Bangui's arrondissements, 15 road axes and 12 urban centers in the northern prefectures of Ouham, Ouham Pendé, and parts of adjoining Nana Gribizi and Ombella M'Poko. It was limited in scope, providing information on the crisis-affected areas only and not the entire country; this was due to resource and capacity constraints. A total of 307 leaders in 86 communities were interviewed (of which more than one-third were women). This was complemented by secondary data reviewed by clusters, although the data and the capacity to review it were limited. Over 20 agencies took part in the assessment, which was coordinated by OCHA, with limited remote technical support provided by WFP. IOM provided the data on IDP sites, using the Displacement Tracking Matrix. The final MIRA report was released on 10 January, one month after the declaration of the L3. MIRA primary data was disaggregated and analyzed by gender and geographic area. Clusters generally felt included in the MIRA process, including in the formulation of the questionnaires, but they were not sure of the added value in participating in it. While some organizations and clusters referred to the MIRA as a useful "reference document", the majority thought it was inadequate to inform operations. It was reportedly used to define the scope of the strategic response plan and as the basis for the Common Humanitarian Fund (CHF) allocation. In such a fluid context, agencies and clusters reported that the results were already out-of-date by the time the report was published. Thus, stakeholders advised against applying the MIRA in highly fluid contexts like the Central African Republic. Several of those interviewed thought alternative approaches should be developed for such contexts, or for common, harmonized templates to be agreed to make sectoral assessment data easier to aggregate and compare. Stakeholders noted that there needed to be a better way to use the assessment data already collected by agencies/clusters.
72. The inter-cluster coordination group recently developed a rapid multi-sectoral assessment tool based on an approach developed in Bossangoa by an inter-agency/cluster group. The tool is considered a good approach and will be used next in Kaga Bandoro. In terms of in-depth sectoral assessments, it is unclear to the review team if these are taking place to establish the scale of needs and to inform the response. The review team recommends that the assessment plan included in the humanitarian needs overview be updated and then implemented to ensure the regular conduct of assessments and the filling of information gaps.
73. In terms of response monitoring, there is no framework to inform the overall response or means to collect results to be able accurately and regularly report on the collective effort (see paragraph 19). Yet OCHA and clusters produce a range of information management products (on a daily basis), with the limited data gathered and with products not fitting together coherently or aligned to the strategic response plan. A response monitoring framework is needed to support the systematic collection of data which could then feed into a set number of products determined as essential by the HC and HCT. As part of response monitoring, reviewing the status of delivery should be a standing item on the HCT agenda.

74. Linked to the point above and to further improve information management coherence, the HC and HCT should consider holding an information management retreat to develop a strategy to harmonize OCHA and cluster information management systems and to agree on a set number of products. This includes agreeing on one common format for the 3W database to be used by all clusters and OCHA. Stakeholder at all levels expressed frustration that the lack of a common 3W format was burdensome; cluster partners were required to manually update their information in the various cluster-specific 3W formats. There also needs to be a greater push to have humanitarian actors report on presence/activities to the 3W collected by OCHA given their reported reluctance to do so. Overall, stakeholders called for a review and standardization of reporting formats to avoid consuming valuable time at the field level when reporting.
75. The learning from the Central African Republic should be used to inform the planned revision of the Humanitarian Programme Cycle Reference Module. Based on feedback from stakeholders, the review team concluded that the application of the humanitarian programme cycle in the Central African Republic was heavy, product-centric and headquarters-driven. It was perceived by the HCT as targeting an external audience rather than serving as management tool for the country team. Most perceived the humanitarian programme cycle process and deliverables as OCHA-driven and not owned by the collective.

Pooled Funding

76. In terms of pooled funding, two CERF allocations were provided in response to the escalation of violence. On 9 December 2013, shortly before the L3 declaration, the ERC approved a \$10 million allocation to support critical assistance including the provision of food, water, shelter, healthcare and safety and security services. On 14 February 2014, the ERC announced another \$10 million CERF allocation to support the most critical life-saving activities, bringing the total CERF funding to the crisis to \$20 million. It was reported that the CERF allocation process was guided by a strategy but it was not clear if the CERF proposal development process reinforced the existing strategic planning framework and prioritization, rather than generating a parallel work process. From a review of available information, it seems that eight out of the 14 disbursements from the first allocation were linked to the December 2013 strategic response plan. It is not clear if this was the case for the second allocation. Stakeholders reported that agencies were inclined to “horse trade” and “get a piece of the cake” instead of undertake a prioritization exercise to ensure that CERF funding goes to where it is most needed.
77. The review team was informed that the CERF application process was lengthy, requiring several rounds of revision. From the information available, it took an average of 9 days from the receipt of the proposal package for the projects to be approved for the first allocation and 10 days for the second allocation. It took another 18 days and 9 days for funds to be disbursed to agencies for the first and second allocations respectively. The review team recommends that procedures be put in place to fast-track the CERF application and funding disbursement process for L3 emergencies for empowered leadership by the HC and HCT. It may also be necessary for the CERF Secretariat to deploy surge support when a L3 emergency is declared to provide hands-on support to speed up the process. Given the low funding level of the strategic response plan and the urgency of the response, the Central African Republic should be considered for a third rapid response allocation to reach the maximum \$30 million allocation per crisis or for an underfunded allocation.
78. Funding was also provided by the CHF, which was established in July 2008 as an expansion of the existing Emergency Response Fund. Since the L3 declaration, all available CHF funds have been pooled for a special allocation towards live-saving projects in support of the needs identified in the MIRA and carried out by NGOs.

Figure 11. CERF allocation and fund disbursement timeliness

	ALLOCATION 1	ALLOCATION 2
Number of disbursements	14*	13
Date of allocation	9 December	14 February
Date of proposal submission	20 December	18 February
Average number of days for approval (as of submission date)	9 days	10 days
Average number of days for fund disbursement (as of approval date)	18 days	9 days
Average number of days from proposal submission to fund disbursement (including weekends)	27 days	19 days

* Includes some disbursements that are listed on the CERF website as part of the 2014 allocation. Delays were also encountered in the processing and disbursement of the 2013 proposals due to the holiday season and closure of the UN Secretariat due to inclement weather.

Source: CERF website as of 22 March 2014.

Reference: <http://www.unocha.org/cerf/cerf-worldwide/where-we-work>.

Sixty-five proposals were submitted for \$30.7 million. At the end of January, the prioritization was completed and the Advisory Board recommended 13 projects totaling \$4.9 million to the S/HC for approval (16 percent of the total amount proposed). Twelve international NGOs and one national NGO received grants. The allocation process started on 14 January 2014 and the project approval process is reported to have been completed by 7 February 2014; information on disbursements was not obtained by the review team.

79. Although the CHF served as a useful mechanism to provide NGOs with much needed resources (and the decision to provide the CHF allocation to NGOs exclusively was appreciated), NGOs noted that the process was long and cumbersome and that measures need to be put in place to facilitate a faster and smoother process. It should be noted that the CHF reporting format includes a section on participation, gender, and satisfaction of communities with programs, which is also an incentive for organizations to ensure they integrate AAP in the design and implementation of programmes. The CHF project review process also included the early recovery and gender advisers, which should be considered as a good practice.

NEXT STEPS

80. The results of this review will be communicated to the HC/HCT, Emergency Directors and the IASC Principals. Interested donors may be briefed on the outcome of the mission. A two-page synthesis of this report will be prepared to inform the broader humanitarian community given that this report is an internal document with limited circulation.
81. As per the guidance document governing the operational peer review, the HC and HCT are requested to provide the Emergency Directors with a status report against the action plan (see Annex IV) within 30 days following the submission of this report. This includes assigning responsibilities and actions which are time-bound. Systematic follow-up by the HC/HCT will help ensure the effectiveness of the operational peer review in supporting the ongoing response. The review team is committed to supporting the HC and HCT as required.
82. The global learning will be taken up by OCHA through various IASC fora, further guiding adjustments to the Transformative Agenda protocols.

ANNEX I

PURPOSE, SCOPE AND SCHEDULE OF THE OPERATIONAL PEER REVIEW

On 11 December 2013, following consultations with the IASC Principals, the Emergency Relief Coordinator formally activated an IASC system-wide level 3 (L3) emergency response to the increase in violence in the Central Africa Republic. An operational peer review needs to be carried out within 90 days of the declaration of the L3 emergency. To this end, the review was conducted from 25 February - 4 March 2014.

An operational peer review is designed to be a light, brief and collaborative process, undertaken by peers, and focused on four areas: (i) leadership arrangements; (ii) application of the humanitarian programme cycle; (iii) use of appropriate coordination mechanisms; and (iv) accountability to affected people. The review also looked at the use, suitability and value of the Transformative Agenda protocols related to the declaration of the L3 emergency, and the adequacy of headquarters, Emergency Directors and IASC Principals support to the HC, HCT and clusters. The aim was not to conduct an evaluation but to recommend adjustment to the response (or so-called "course correctors"), and to identify learning and good practice. Review of the response and its efficiency was done only insofar as it would support such a goal.

The team was composed of Panos Moutziz (team leader), Neil Buhne, Dermot Carty, Patty McIlreavy, Darlene Tymo, Betsy Greve and Alistair Dutton, comprising a mix of senior-level UN agency and non-governmental organization (NGO) representatives. The mission schedule was as follows:

- Day 1:** **(All)** Arrive in Bangui. Meeting with the SRSG, S/HC, UNDSS, and the OCHA Head of Office.
- Day 2:** **(All)** Self-assessments of the HCT and of the inter-cluster coordination group. Meeting with NGOs.
- Day 3:** **(Teams 1-3)** Meetings with thematic advisors, clusters and sub-clusters (coordinators, co-facilitators, partners), Information Management Working Group, local women, national NGOs, the Ministry of Communication and National Reconciliation, the Ministry of Rural Development, UNDP, and MSF.
- Day 4:** **(Team 1)** Arrive in Bossangoa. Meetings with Vice Bishop, IDP committee members and community at Eglise IDP site, gendarmerie, mayor a.i., sous-préfet, imam, local men and local women at Ecole Liberté IDP site, MISCA, and OCHA. Site visits to Eglise and Ecole Liberté IDP sites. Self-assessment of the inter-agency group.
(Team 2) Arrive in Bambari. Meetings with the inter-religious platform and the MISCA/Sangaris representatives. Self-assessment of the inter-agency group.
(Team 3) Remain in Bangui. Meetings with remaining clusters. Site visits of central mosque IDP site; the military airport transit camp; M'Poko IDP site; Don Bosco IDP site; and a "sanctuary" (night shelter). Meeting with the mayor of the 5th arrondissement and community leaders. Meeting with S/HC and OCHA Head of Office.
- Day 5:** **(Team 1)** Self-assessment of the inter-agency group. Return to Bangui. Meeting with ACAPS.
(Team 2) Return to Bangui, meeting with CMCOORD team.
(Team 3) Remain in Bangui. Meetings with SIDA and ECHO, remaining clusters, CMCOORD.
(All) Meeting with UNDSS.
- Day 6:** **(All)** Operational peer review team meeting. Meeting with OCHA staff supporting the CERF and CHF allocations, the OCHA Head of Office, the S/HC and French Development Agency.
- Day 7:** **(All)** Operational peer review team meeting. HCT retreat.
- Day 8** **(All)** Operational peer review team meeting. Depart Bangui.

ANNEX II

PEOPLE AND ORGANIZATIONS CONSULTED

First Name	Family Name	Organisation	Title
1. Seba	[unknown]	ONG REMOD	PT Focal Point
2. Fatime	ABBA REKYA	JUPEDEC	Administrator
3. Guy	ADOUA	PAM	Deputy Country Director
4. Victoria	AKYEAMPONG	UNFPA	Interim Representative
5. Christina	ALFIREV	OCHA	Deputy Chief Bossangoa
6. Jean-Philippe	ANTOLIN	IOM	CCCM Rapid Response
7. Lel Ndongo	ASSANDJE	MISCA	-
8. Sabrina	AVAKIAN	UNICEF	Emergency Specialist
9. David	AWASUM	FICR	Program Manager
10. Maurice	AZONNANKPO	UNHCR	Protection Officer
11. Jean	BABA	UNHCR	Field Assistant
12. Serena	BADENHURST	LWF	Coordinator
13. Alice Flora	BAN	MISCA	MISCA / CDDH Member
14. Sylvian	BATIANGA-KINZI	OCHA	Humanitarian Affairs
15. Berenger	BEREHOUDOUGOU	Plan International	DRM Manager
16. Edith Marcime	BEYAH	UNFPA	Health Cluster member
17. Philomeyo	BIA	Femmes et [unknown]	President
18. Maxime	BIANGPENG	UNHCR	Protection Cluster
19. Federica	BIONDI	INTERSOS	Regional Director
20. Songuelema	BLANDINE	Association des femmes puristes	-
21. Julien	BOGLIETTO	Agence Francaise de Development	Head of Office.
22. Sabour Capitaine	BOKHIT	MISCA	Commander, Bossangoa
23. Ouattara Edith	BONI	UNFPA	GBV sub-cluster co-ordinator
24. Alexis	BONTE	FAO	Representative
25. Peter	BOUCKAERT	HRW	Emergencies Director
26. Thomas	BOUFFARD	PAM	FSO
27. Rick	BRENNAN	WHO	Director (in Geneva)
28. Kemguem	BRICE	AHA	Chief of Mission
29. Mokondegbe	BRICE	IMC	-
30. Alexis	BRICOGNE	Solidarites International	Emergency Coordinator
31. Colombe	BRICOGNE	Solidarites International	Shelter PM
32. Ambroise	BROU	OCHA	IMO
33. Dhinica	BRUCE	ACF	WASH Coordinator
34. Simon	BUTT	OCHA	Senior Security Adviser (phone)
35. Serfdou	CAMAIA	UNICEF	Chief Field Office
36. Khalil	CAMBRON	Save the Children	Child Protection Co-lead
37. Jean Emile	CANU	PAM Logistics Cluster	Coordinator
38. Ximena	CERITLA	WASH Cluster	Information Management Officer
39. Dean	CEZARD	PV-AMI	Logistics Coordinator
40. Marion	CHATREFOUX	ACTED	Coordinator Programmes
41. Shelley	CHEATHAM	CERF Secretariat	Humanitarian Affairs Officer (by phone)
42. Jean Claude	CIGWERHE	PNUD / Livelihoods	Coordinator
43. Mariam	CISSOKO	UNFPA	Health Cluster member
44. Albert	CORAMES	MSF	HAO
45. Christian	CRICBOOM	OCHA	Head of Information Management
46. Andrew	CUSACK	UNHCR	CCCM RRT / Cluster Humanitarian Affairs Officer/Civil-Military Coordination (in Geneva)
47. Sergio	DA SILVA	OCHA	Health Cluster Coordinator
48. Ernest	DABIRE	WHO	Country Director
49. Olivier	DAVID	DRC	CYPD Coordinator
50. Anna	DE FERRARI	IRC	Programme Manager
51. Pedro	DE FIGUEIREDO	SIDA / ASDI	Programme Manager
52. Francois	DEKOTO	Deputy Mayor, Bossangoa	
53. Boakai	DEMPSTER	IMC	Programme Manager
54. Cheikh	DIOUF	UNDSS	Security Adviser
55. FEDERICA	DI STEFANO	Save the Children	Child Protection Advisor

56. Souleymane	DIABATE	UNICEF	Representative
57. Abdou	DIENG	Senior Humanitarian Coordinator	-
58. Maxemilien	DISSI	Bangui Sans Frontiere	R Suivi Evaluation
59. Pare	DJIBRIL	ACF	Programme Manager Nutrition
60. G	DJIMA DJARADE	Mercy Corps	Project Officer
61. Felix	DOGBEY	OCHA	Information Management Officer
62. Phillipe	DOMA	CARITAS	Charge de Programme
63. J.S.	DUIJNDAM	MDM	Communications Officer
64. Amal	Elgualji	MSF	Chef de Mission
65. Ian	EVEREST	COOPI	Consultant
66. Emma	FANNING	Oxfam	Policy Advisor
67. Martine	FLOKSTRA	MSF	Head of Mission
68. Christiane	FOKAM	DRC	Protection Intern
69. Nikolas	FUCHS	ACF	Country Director
70. Bernadette	GAMBO	G23	-
71. Christoph	GARLOT	MDM	Chief of Mission
72. [illegible]	GAZAMBANGA – DASV	ADEM	Charge de juris evaluation
73. Martin	GBAMASSOU	Gendarmerie	
74. Georgios	GEORGANTES	ICRC	Head of Delegation
75. Julie	GILL	UNICEF	Child Protection Coordinator
76. Daniela	GLATZ	WHO	External Relations Expert Emergency and Post Crisis Senior Specialist
77. Francois	GOEMANS	IOM	
78. Marcelle	GOTCHANGA	CFRPC / FFCF	Rapporteur
79. Raymond	GOULA	UNFPA	Charge de Programme
80. Renaud	GOYENDA	Codicom	Administrator
81. Angeline	GRANT	UNICEF	Nutrition Cluster Coordinator
82. Jerome	GRIMAUD	DRC / Cohesion Sociale	Coordinator
83. Daniele	GULIZIA	WASH Cluster	Informatin Management Officer
84. Max	HADRON	OCHA	Senior Adviser (in Geneva)
85. Emmanuelle	HAU	MDM	Communications Officer
86. Nancy	HEARNE	CRS	Head of Office
87. Tonja	HUEBER	ICRC	Administration
88. Antoinette	ILUNGA	WHO	Focal Point Nutrition
89. Asuka	IMAI	UNHCR	Protection / CCCM / Shelter
90. Marie Elisabeth	Ingres	MSF	Chef de Mission
91. Nadja	ISAAC	French Embassy	Cooperation Attache
92. Su'ad	JARBAWI	Mercy Corps	Interim Chief of Mission
93. Brice	KAKPAYEN	ESF	Coordinator
94. Racine	KANE	UNICEF	WASH Specialist
95. David	KATALA	COOPI	Supervisor
96. Yves	KAZA	IOM	CCCM Cluster
97. Ye Ra	KIM	UNICEF	IMO
98. Nikolaos	KISSAS	DRC	Acting Cluster Co-lead
99. Lazare Etienne	KOUASSI	UNHCR	Representative
100. Jean-Luc	KRAMO	OCHA	Information Management Officer
101. Guido	KRAUSS	Tearfund	Deputy Response Manager
102. Baseme	KULIMUSHI	UNHCR	OIC / Senior Administrative Officer
103. Renee	LAMBERT	CRS	Country Manager (outgoing)
104. Arthur	LAMINA	WHO	DPC
105. France	LAU	UNHCR	Senior Protection Advisor
106. Patrick	LAURENT	UNICEF	WASH Coordinator
107. Annie	LEFEVRE	Cordaid	Country Director
108. Paul-Rene	LEHO	MISCA	
109. Gael	LELOUP	IOM	Information Management Officer
110. Jean-Pierre	LEROY	EFP	OIC
111. Eric	LEURDIN	PNUD / Livelihoods	Consultant Surge
112. Dieudonne	LIBY	BSF	Project Coordinator
113. Frederic	LINARDON	ACTED	Country Director
114. Medard	LOBOTA	OCHA	-
115. Jean	LOKENGA	UNICEF	Chief of Protection
116. Giuseppe	LOPRETE	IOM	Chief of Mission

117. David	LOQUERCIO	OCHA	AAP Adviser
118. Samuel	MABOUNDA-ZOKOMBO	Gendarmerie	
119. Maureen	MAGEE	NRC	Chief of Mission
120. Nadja Rachida	MAMBA	Forme des Femmes Religieuse	Member
121. Benilde	MAMPOUYA	CRF	-
122. Serena	MANDACA	COOPI	-
123. Clarisse	MANEHOU	Catholique	Coordinator
124. Eric	MARLIN	SANGARIS	Liaison OI/ONG/UN
125. Amy	MARTIN	OCHA	Deputy Head of Office
126. Pascal	MASIRIKA	UNHCR	Field Associate
127. Antonello	MASSINI	ONG COOPI	Logistics Co-ordinator
128. Raymond	MBASTIRE	Codicom	Consultant
129. Prince Felix	MBOLITINI	JUPEDEC	[illegible]
130. Chris	MBONYINGIRINGO	UNAIDS	Country Director
131. Robert	MCCARTHY	UNICEF	Emergency Specialist
132. Eric	MICHEL - SELLIER	FAO / PAM	Coordinator
133. Etienne	MINKOULOU	WHO	Information Management Officer
134. Jean	MOKOUTSU	Solidarites International	[illegible]
135. Salima	MOKRANI	OCHA	Head of Sub-office Bossangoa
136. Tiarnacu	MOONEY	UNICEF	ERW RIZM
137. Driss	MOUMANE	CRS	SECC Director
138. Pascal	MOUNIER	ECHO	(by phone)
139. Ghislain Hyppolite	MOUSSA	ONG Yamacuir	Coordinator
140. Christian	MULAMBA	IMC	Country Director
141. Melody	MUNZ	IRC	Environmental Health Coordinator
142. Jean - Pierre	MUSTIN	ECHO	Technical Assistant
143. Elie	NAMSINE	Interim Sub-Prefect	
144. Sophie	NDANGUERE	UNICEF	Administrator
145. Peter	NEUSSL	OCHA	Humanitarian Affairs Officer
146. Berna	NGBAKONGO	CFR PC	-
147. Honorine	NGHO	IMC	Nutrition Manager
148. Etienne	NGOUNIO - GABIA	FAO	Programme Officer
149. Yves	NZIGNDO	UNICEF	Information Management Officer
150. Ayoo Osen	ODICOH	OCHA	GenCap/IASC Gender Advisor
151. George	OKOTH-OBBO	UNHCR	Africa Bureau Director (in Geneva)
152. Jean Barak	OUAMBETI	ONG Yamacuir	Administrator
153. Marcelin	OUAMBETI	ONG BSF	Manager
154. [illegible]	OUNDAGNON	G.O. DION. G	President
155. Ilijas	OUSSEDIK	MISCA	Protection of Civilians Officer
156. Tatiana	OZOJIRI	Femme Action Plus	Infant Protection Coordinator
157. [unknown]	PAGONENDI - NDAKALA	[unknown]	Coordinator
158. Caroline	PEGUET	OCHA	Humanitarian Financing/Pooled Funding
159. Aureliu	PEKEZOU	Merlin	Co-Faciliator/ Health Cluster
160. Magali	PONS	Plan International	-
161. Marion	PRATS	UNICEF	Deputy Coordinantor CPS Cluster
162. Cecile	QUAN	Bureau de SCH	Early Recovery Advisor
163. Cliona	RALEIGH	ACTED	Professor & Director
164. Yasmine	ROCKENFELLER	OCHA	Humanitarian Affairs Officer
165. Elisabeth	ROESCH	IRC	WPE Coordinator
166. Frederic	ROMBUET	ADBS	President
167. Kate	RONGRIE	Mercy Corps / GBV	GBV Advisor
168. Vincent	ROTUREAU	PV-AMI	Emergency Coordinator
169. Thibaut	ROUX	Danish Refugee Council	Emergency Coordinator
170. Laurence	SAILLY	MSF	Emergency Coordinator
171. Magalie	SALAZAR	OCHA	Humanitarian Affairs Officer/MIRA (in Geneva)
172. Jose	SAMANIEGO	UNHCR	CCCM Coordinator
173. Abdoulaye	SAWADOGO	OCHA	Humanitarian Affairs Officer
174. Dan	SCHREIBER	OCHA	Special Assistant S/HC
175. Amirata	SEGUETIO	UNFPA	Gender Adviser
176. Tammi	SHARPE	UNHCR	Deputy Representative
177. Barbara	SHENSTONE	OCHA	Head of Office

178. Yoshiko	SHIMOKAWA	UNICEF	Cluster Co-ordinator
179. [unknown]	SOKAMBI	G23 CCFL	-
180. Paul	SONGO	UNHCR	IMO Shelter / MFI
181. Nicole	STEYER	PAM	Consultant VAM, focal point PSC
182. Yvan	STORM	UNHCR	Shelter Coordinator
183. Jean-Pierre	TAKIZALA	UNHCR	CCEN Support Officer
184. Desire	TAKOUMBO	FICR	Monitoring and Evaluation
185. Le-Grand	TAKPANDO	IMC	Chef de Projet
186. Sarah	TERLOUW	IRC	Chief of Mission
187. Jacques	TERRENOIRE	Mercy Corps	Country Director
188. Mawa	THIAM	UNICEF	Chief of Office
189. Roux	THIBAUT	Danish refugee Council	Emergency Officer
190. NDITAR	Thomas	UNICEF	HIV/AIDS Officer
191. Gerard	TOCKORO	CARITAS	Coordinator
192. Frederick	TONFIO	Vice Bishop/Bossangoa	
193. Jeremie	TONGBA	ONG Frad	Representative
194. Laurent	TORINGAI	OCHA	-
195. Zeze	TOUARO	UNHCR	Sub-national Shelter/NFI Coordinator
196. Palago	TOUSSAINT	IDEAL	Deputy Chief of Mission Humanitarian Advocacy and Representation Coordinator (in Geneva)
197. Emmanuel	TRONC	MSF	Emergency Coordinator
198. Muriel	TSCHOPP	IRC	Head of Field Office
199. Martine	UKAMUGURA	PAM	Protection Officer
200. Angelique	UMUPURANEZO	DRC	Chargee Programme
201. Natasha	VAN RIJN	UNDP	Chef du Bureau Annexe
202. Eugenie	VENEKENDJI	Vitalite Plus	Operations Coordinator
203. Stephane	VENGUT	Triangle GH	Health Cluster member
204. Lofti	VIDZRAICOU	UNFPA	IM/GIS
205. Craig	VON HAGEN	IMMAP / OCHA	WASH Assistant
206. Sylvain	WANBA	CARITAS	VBG Officer
207. Lydie	WIWELI	Mercy Corps	Coordinator Emergency Team
208. Michel	YAO	WHO	Secretary General
209. Albert	YOMBA - EYAMO	CRCA	Admin and Finance Coordinator
210. Destin	ZANZA	ASSODEMBO	Protection Cluster Coordinator
211. Jasep	ZAPATER	UNHCR	

* The team also met with about 150 affected people and/or community leaders with the approximate breakdown as follows: (Bossangoa) 45 representatives at ecole de préfecturale; 20 representatives at Liberté IDP site; 14 representatives of a women's group; religious leaders/(Bangui) 15 representatives and the imam at the Central Mosque IDP site; 10 representatives at a military airport transit camp; 15 representatives at M'Poko IDP site; 15 representatives at Don Bosco IDP site; 30 community leaders and the mayor at the 5th arrondissement sanctuary/night shelter.

** This table does not include all stakeholders that the team interviewed as in some cases, the names of individuals or those participating in larger groups were not captured.

ANNEX III

AREAS FOR GLOBAL LEVEL ACTION

During its mission, the operational peer review team identified several areas of global learning. Some require action to ensure implementation of agreed policy or practice, while others would benefit from a more thorough inter-agency lessons learning process with technical experts, taking into account experience in several contexts and emergency settings. The areas of global learning are highlighted below with suggested responsible entities assigned to each.

Theme	Issue	Resp Entity
Security	<ul style="list-style-type: none"> Establish a protocol for enabling security support following a L3 declaration. 	UNDSS
TA protocols	<ul style="list-style-type: none"> Ensure TA protocols are broadly disseminated to the field and available in French. Ensure country representatives are properly sensitized to the protocols and to the collective expectations, particularly with respect to empowered leadership. In the spirit of the TA, ensure that headquarters entities refrain from imposing requirements and deadlines on HCs/HCT without due consultations and justification. 	EDG, STAIT
IARRM	<ul style="list-style-type: none"> Review IARRM protocol and procedures to ensure an appropriate balance is maintained when surging operational response and coordination capacity. IARRM deployment should be in aligned with the actual coordination needs of the response. Ensure that roles and responsibilities within a country office are redefined following the deployment of senior surge and then communicated broadly. Ensure surge transition plans are developed by all agencies to enable a continuous field presence for collective action. Ensure adequate logistical capacity and other support is deployed to help set-up offices in order to allow operational and coordination capacity to focus on their tasks. 	IASC
Humanitarian Programme Cycle	<ul style="list-style-type: none"> Review the timeline and templates for L3 deliverables to make it “lighter” and to allow for adequate consultation with the government and sub-national coordination structures. Consider developing common templates to make sectoral assessment data easier to aggregate and compare. Introduce as an early step after a L3 declaration the need for the HC/HCT to adapt the cycle’s schedule/products to the country context (one page calendar). 	HPC Steering Group
Empowered leadership	<ul style="list-style-type: none"> Revise the empowered leadership protocol to make sure that it uses up-to-date language regarding the humanitarian programme cycle and other protocols. Consider compiling good practice examples to support HCs/HCTs with operationalizing it. 	EDG, STAIT
Accountability to Affected People	<ul style="list-style-type: none"> Ensure AAP frameworks and systems are developed at the country level and integrated in the systems and procedures of agencies as a preparedness measure (with HCs agreeing AAP frameworks prior to emergencies). 	IASC Task Force on AAP and PSEA
L3 Pool	<ul style="list-style-type: none"> Develop a list of L3 ready HCs as well as DHCs for deployments within 72 hours. 	OCHA, IASC
Inter-cluster coordination	<ul style="list-style-type: none"> Assign ICC responsibilities to the OCHA head or deputy head of office when a L3 is declared. 	OCHA
Thematic advisers	<ul style="list-style-type: none"> Ensure technical advisers are part of the inter-cluster coordination mechanism instead of creating a parallel coordination platform. Consider deploying a resource mobilization/advocacy expert in underfunded L3 emergencies to support the HC/HCT in establishing a fundraising and advocacy plan. 	OCHA, IASC
Information Management	<ul style="list-style-type: none"> Review information management products and develop a common set of templates. 	IM Working Group
CERF	<ul style="list-style-type: none"> Establish a fast-track fund disbursement procedure for L3 emergencies. Consider streamlining the application process and template for L3 allocations and deploying surge support to provide HCTs with hands on support. 	CERF Secretariat

ANNEX IV

OPERATIONAL PEER REVIEW: ACTION PLAN

#	Focus Area	Observation	Recommended Action	Responsible Entity	Target Date	Status Update [as of mm/yyyy]
1	Leadership	<p>Since the arrival of the S/HC, HCT members report an improvement to the decision-making and functioning of this body. However, the decision-making process is not clear and there needs to be a greater commitment on behalf of HCT members to progress on strategic/policy issues, take decisions and implement them to more swiftly progress on the collective response.</p> <p>HCT members reported that heads of agencies did not regularly attend meetings and those delegated to attend were not always empowered to make decisions. Cluster coordinators reported that some clusters regularly attended meetings. There does not appear to be adherence to the terms of reference established for the HCT.</p>	<ol style="list-style-type: none"> Prioritize issues that need urgent action and review implementation of HCT decisions at each HCT meeting, ensuring that the L3 empowered leadership protocol is utilized as needed. One task to prioritize is the analysis of risks and opportunities regarding the impact of integration on humanitarian work. Limit HCT participation to heads of agency and specific advisory/technical functions. Alternates to have delegated decision-making authority. HCT decisions/minutes to be quickly and widely circulated. Form ad hoc advisory groups to the HC/HCT to advance strategic decision-making on critical issues, as needed (priority issues include protection and rainy season preparedness). 	HC and HCT	<p>31 March</p> <p>31 March</p> <p>15 April</p>	
2	Leadership	<p>Acknowledging recent efforts, the levels of fundraising and advocacy are still not sufficient to maximize donor support to address needs in a rapidly evolving situation.</p>	<ol style="list-style-type: none"> Prepare an advocacy strategy for the HCT and clusters. Consider assigning a focal point to take forward this work on behalf of HCT. As part of the advocacy strategy, develop a common compelling 'story' for the humanitarian response in the Central African Republic, and make a collective push at all levels to drive it out to donors and the media. Prepare a fundraising strategy for the HCT. Consider assigning a focal point to take forward this work on behalf of the HCT. As part of the strategy, organize joint delegations of HCT members to donor capitals or regular teleconference with donors to brief on the situation, results, and unmet needs. 	HC, HCT, and OCHA	15 April	

#	Focus Area	Observation	Recommended Action	Responsible Entity	Target Date	Status Update [as of mm/yyyy]
3	Protection	At the center of the crisis is the issue of protection of civilians. Various components of a protection strategy have been developed, but there is not one overarching, comprehensive framework to guide the collective response.	<ul style="list-style-type: none"> a. Prepare, finalize and implement a comprehensive protection strategy, building on the relocation plan already developed. HCT representatives to ensure the strategy is mainstreamed as appropriate. b. Consult affected populations and national/local civilian actors on options being considered and decisions taken. 	HC/HCT and lead agency on protection, protection cluster, operational agencies	31 March	
4	Security	Measures to provide acceptable staff security are inadequately integrated into humanitarian planning, limiting the ability to deliver. Analysis of risks is too limited for the humanitarian community to take advantage of the space which is available.	<ul style="list-style-type: none"> a. Ensure robust and timely security analysis and management to enable humanitarian actors to make full use of the available humanitarian space. Equally important is to rebuild staff confidence in the improved security analysis and management being provided. b. Fill position of UNDSS Chief Security Adviser immediately. c. Reconstitute the system of area security coordinators (approved by the SMT on 24 January 2014) on an accelerated basis. d. Hold a dedicated session of the HCT to determine how UNDSS and partners can facilitate humanitarian delivery and staff safety. e. Put in place a plan to render the road from Cameroon and the arterial roads to towns within the country as passable to enable movement to field operations, in partnership with MISCA and other CMCOORD actors. f. Undertake regular programme criticality exercises to deal with the rapidly changing environment, as needed. 	<p>UNDSS</p> <p>UNDSS UNDSS</p> <p>HC/HCT, UNDSS, SMT, and DO CMCOORD</p>	Immediate	
5	Operations	The relocation/evacuation of international staff in late 2012/early 2013 and their return in mid-2013 disrupted humanitarian and development activities. In a number of locations, it was necessary to set-up offices or rehabilitate those that have been looted or vandalized. Working and living conditions for staff in field locations are poor. Given this and other factors, the response in the rural areas outside of the provincial capitals lacks sufficient resources and delivery is reported as weak. It is essential to maintain sufficient response capacity	<ul style="list-style-type: none"> a. Prioritize operational response and delivery of assistance beyond provincial capitals to areas of IDP origin before the rainy season, including pre-positioning supplies. b. Fast-track staff deployments and practical set up of field offices and accommodation in the hubs, ensuring sufficient logistical support in the hubs. c. Ensure regular communication flow between hubs and with the national coordination structure in Bangui. d. Review the overall balance between coordination and delivery capacity, in particular between Bangui and the hubs. Adjust staffing to ensure the minimum coordination required to support increased delivery capacity outside of Bangui. 	HCT, ICC, cluster lead agencies, OCHA	15 April	

#	Focus Area	Observation	Recommended Action	Responsible Entity	Target Date	Status Update [as of mm/yyyy]
		to support IDP returns and assist debilitated populations.				
6	Operations	The HCT has focused on the response to the crisis in Bangui due to the large IDP population and the protection issues in the capital. This has affected the national coordination efforts of the country-wide response. Various taskforces have been set-up to work on specific issues affecting Bangui. The majority of staff remain based in Bangui.	<ol style="list-style-type: none"> Create a field hub for the Bangui operation to separate dedicated staff for the Bangui response from national coordination efforts. Consider streamlining the number of taskforces. Ensure staff with responsibilities for national response regularly travel to field sites to stay abreast of evolving needs across the country. 	HCT	31 March	
7	Coordination	OCHA structures, roles and responsibilities to support cohesive collective response are unclear to many stakeholders.	<ol style="list-style-type: none"> Review current structure of the OCHA Office in Bangui including roles, responsibilities and accountabilities of surge deployments. Once completed, OCHA to communicate this to all actors and ensure speedy implementation. 	SHC/OCHA	Immediate	
8	Coordination	The inter-cluster coordination mechanism is weak and perceived as disconnected from operational priorities, serving as an information-sharing forum.	<ol style="list-style-type: none"> Nominate head or deputy head of OCHA as inter-cluster coordinator, and ensure regular travel of coordinator to hubs. S/HC to meet with the inter-cluster coordination group at least once a month to discuss issues of strategic importance. Improve ICC meeting management to ensure operational action-focused agendas developed with input from all relevant parties, and with a role in coordinating activities outside of Bangui where clusters are not present. Minutes to be broadly circulated with action points clearly marked. 	SHC SHC ICC Coordinator	31 March	
9	Coordination	The roles of the three special advisors vis-à-vis the wider response and the coordination system are not clear. They seem to operate in parallel to the coordination system.	<ol style="list-style-type: none"> Review reporting lines and responsibilities of technical advisers (AAP, gender, early recovery) to ensure they are providing technical guidance at the right entry point to sectoral operations. 	HC	30 April	
10	Coordination	It is understood that the government is in transition, and not operational at all levels. Nonetheless, it has the primary responsibility within the response and this has been reflected in some clusters through outreach to national	<ol style="list-style-type: none"> Explore opportunities to strengthen government capacity, by proactively including and supporting the government and civil service's involvement in humanitarian response. This may require a stock-taking of what coordination is happening already with the government and local authorities and also a discussion on potential risk factors. 	SHC / HCT	15 April	

#	Focus Area	Observation	Recommended Action	Responsible Entity	Target Date	Status Update [as of mm/yyyy]
		and local authorities. There exist contacts and coordination opportunities which can be built upon further.	It may also include better aligning the government and international community's planning frameworks.			
11	Coordination	National NGOs are participating in most clusters and are active in the response. Their input and contributions are critical yet their number and capacity is limited. Stakeholders noted that hindrances to participation exist, like documents produced only in English, reliance on emails for communication, and cost of travel to meetings.	a. Proactively explore how to engage national partners further in program development and implementation.	Cluster coordinators, heads of hubs, HCT	On-going	
12	AAP	The December 2013 action plan on accountability to affected people (AAP) was written at HQ level and issued top-down by the Emergency Directors Group. It is not well known and has not provided much guidance to clusters or agencies. As reflected in the self-assessments, collective accountability of response to affected populations is weak. To date, a functioning collective APP system has yet to be put into practice.	a. Contextualize and operationalize the AAP action plan, and put in place a functioning collective AAP system. Consider focusing on a specific geographic hub or programme/theme to start. b. Develop and disseminate an "accountability starter kit" to humanitarian organizations. This should include examples of collective AAP good practice. c. Identify longer-term replacement of AAP advisor, who is leaving early May. Clarify link/integration with potential incoming OCHA communicating with communities (CwC) adviser.	SHC Office, AAP Adviser	Early April	
13	AAP	While there are a number of agency-specific initiatives, little collective action is being undertaken on AAP. There is agreement that two way communication with communities, including complaints mechanisms, are not well coordinated. There is insufficient coordination of messaging, and coordination of how messages are transferred to agencies or projects that need to hear them.	a. AAP Advisor to agree with inter-cluster coordinator on how to achieve a coordinated approach to agency interaction with populations by geographic area/site. This may include the preparation of a guidance note on information-sharing and feedback systems for approval and dissemination by the ICC.	AAP Advisor and ICC Coordinator	By end March	
14	HPC	It is not evident that there is a comprehensive preparedness and	• Prepare and regularly update contingency and preparedness plans for the country, guided by IASC	ICC		

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		contingency plan, although various cluster-specific plans are reported to be in place. The plan for the rainy season only covers Bangui. It was reported that the approach is reactive and late and implementation had already started before the plan was completed.	guidance.			
15	HPC	While the collective planning process was a useful opportunity to take stock and provide a collective strategy, the humanitarian programme cycle (HPC) process and products appear to lack complementarity, are too heavy, and primarily served audiences outside the country. Further, it is not clear how the HCT and clusters keep abreast of overall needs in a rapidly changing environment, and connect it with response planning.	<ul style="list-style-type: none"> a. Take ownership of the collective HPC by defining and publicizing a calendar adapted to the context, and then ensure its implementation. This should include an updated assessment plan. Going forward, HPC deliverables should be prepared and published in French. b. Provide HCT with regular updates on sectoral and overall needs to stay abreast of priorities and gaps. 	<p>HCT with support from OCHA, ICC, clusters</p> <p>Clusters, ICC, OCHA</p>	15 April	
16	HPC	While the Humanitarian Dashboard serves as a reporting tool, it is unreliable. There is no collective response monitoring framework to inform the overall response or to provide data for reporting on the collective response.	<ul style="list-style-type: none"> a. Put in place a response monitoring framework to track achievements, obstacles, changes in the situation, as a basis for determining how the response needs to adapt. b. Review results against targets and obstacles in HCT meetings on a regular basis. 	OCHA	Immediate	
17	HPC	Clusters and OCHA produce a range of IM products on demand, but they do not fit together coherently and are not aligned to with the strategic response plan.	<ul style="list-style-type: none"> a. Agree a strategy to harmonize OCHA and cluster information management systems and on a set number of information management products aligned to the strategic response plan and in support of decision-making. b. Agree a common 3W template to apply across all clusters. c. Ensure information management group is better linked to the inter-cluster coordination group. d. Improve support to the HCT in synthesizing and analyzing information for use by the HCT for strategic decision-making. 	<p>HCT, ICC/clusters</p> <p>Information Mangers</p>	30 April	