

Inter-Agency Humanitarian Evaluation (IAHE) of the Response to the Central African Republic's Crisis 2013-2015

Inception Report
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Konterra Group
700 12th Street NW, Suite 700
Washington, DC 20005

Contact: Andrew Lawday, Team Leader
andrew@lawday.info

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Introduction

1. The evaluation is concerned with the collective effort by members of the Inter-Agency Standing Committee (IASC) to respond to the emergency in the Central African Republic (CAR), from the declaration of an L3 emergency on 11 December 2013 until mid-2015, as envisaged through the 2014 Strategic Response Plan and 2015 Humanitarian Response Plan.

2. This inception report outlines preparations for the Inter-Agency humanitarian evaluation (IAHE) of the humanitarian response to CAR's emergency. It includes a description of the emergency context (Section 1), the inter-agency background (Section 2), user-focused objectives (Section 3), a stakeholder analysis (Section 4), an analytical framework (Section 5), proposed methods (Section 6), key deliverables (Section 7), and a proposed work plan (Section 8).

Section 1. Context

3. This section describes the context for the IAHE in the Central African Republic (CAR), including the emergency, the interagency response, and some operational constraints.

4. In 2013, the Central African Republic (CAR) was facing a chronic crisis in human development and governance. CAR ranked third lowest in UNDP's Human Development Index, placing it 185 out of 187 countries and territories.¹ According to UNICEF, CAR was experiencing a 'chronic and silent structural emergency,' reflected in a very high level of poverty (63% of the population under the poverty line), one of the lowest life expectancy (48 years), under-five mortality at 164 per 1,000 live births (eighth worst in the world), maternal mortality at 890 per 100,000 live births (third highest in the world), and a high death rate from infectious diseases (fifth highest in the world).²

5. CAR has long endured weak governance. Since independence in 1960, CAR endured multiple coups d'état, and a chronic economic crisis that eroded the country's capacity to provide basic services and protection to its people. The first elected president, Ange-Félix Patassé, was ousted in 2003 by General François Bozizé, who was ousted a decade later by Michel Djotodia, whose short-lived presidency lasted from March 2013 until December 2013. These coups have been accompanied by corruption, human rights violations, repression of free political expression, nepotism, lack of development and almost total ambivalence to the population's needs. Successive corrupt governments sought only personal enrichment (...) through embezzlement of public funds, looting of public corporations, and illegal exploitation of gold and diamond mines.³ After December 2012, CAR experienced the collapse of an aid-dependent state that had long ceased to exist; a formal economy destroyed with serious investors deterred; and social services barely existent and subcontracted to donors and their operators, the NGOs.⁴

6. In January 2014, following deadly intercommunal violence in Bangui, a Government of transition, led by the interim President Catherine Samba-Panza, was put in place to govern the country, amend the constitution and hold elections by the end of 2015.

Violent conflict and atrocities

³ UN Security Council, Letter dated 26 June 2014 from the Secretary General addressed to the President of the Security Council (UNSC 26 June 2014)

⁴ International Crisis Group, The Central African Crisis: From Predation to Stabilisation (Africa Report N219, Brussels, 17 June 2014) [http://www.crisisgroup.org/~media/Files/africa/central-africa/central-african-republic/219-la-crise-centrafricaine-de-la-predation-a-la-stabilisation-english.pdf](http://www.crisisgroup.org/~/media/Files/africa/central-africa/central-african-republic/219-la-crise-centrafricaine-de-la-predation-a-la-stabilisation-english.pdf)

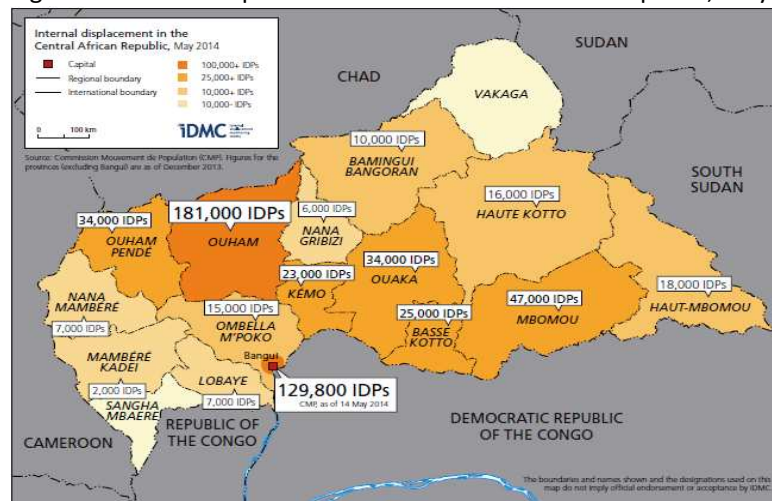
7. In 2013, CAR suffered a growing violent conflict with atrocity crimes and other grave rights violations. In December 2012, the Séléka coalition of three rebel groups took control of north and centre of country, and in March 2013, overran Bangui and seized power. During their descent on Bangui, Séléka forces (many of them from neighbouring Chad and Sudan) committed wanton violence, looting, destruction and killings, especially after they took power, quickly making the Djotodia regime very unpopular. Other forces and armed militia led by the remnants of the CAR armed forces and self-defence groups known as anti-balaka reorganized themselves to confront the Séléka. The situation quickly degenerated into attacks carried out in retaliation and for vengeance by both sides (UNSC June 2014). The many atrocities committed by both militias, provoked fierce community tensions and systematic targeting of Muslims in Bangui and the west of the country and destroyed an already declining economy (ICG June 2014).

8. The crisis elicited some international alarm. In November 2013, France warned that CAR was "on the verge of genocide" and the UN Secretary-General said further tension "might well lead to uncontrollable sectarian violence with untold consequences for the country, the sub-region and beyond."⁵ If genocide did not occur, both the Séléka and anti-balaka stand accused of violations of international human rights and international humanitarian law, including violations of the right to property (pillaging and destruction). The Séléka are further accused of extrajudicial executions, killings and assassinations; indiscriminate and targeted killing of civilians; mass executions and mass graves; and sexual and gender-based violence. The anti-balaka are also accused of killings and ethnic cleansing (UNSC June 2014).

Mass displacement

9. The violence provoked major displacements of population. Between March 2013 and January 2014, displacement figures increased massively, until some around 958,000 people (20 per cent of the country's population) were believed to be internally displaced by the conflict.⁶ Displacement took place in both rural and urban areas, especially Bangui, Bossangoa and Kaga Bandoro. The duration of the displacements varied significantly.

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



Source: IDMC, 2014

⁵ Reuters, France says Central African Republic on verge of genocide, 21 Nov 2013, <http://uk.reuters.com/article/2013/11/21/uk-centralafrica-france-idUKBRE9AK0WU20131121>

⁶ Internal Displacement Monitoring Centre, Central African Republic: Amid extreme poverty and state fragility, more robust response needed (IDMC 30 May 2014)

10. Unlike previous crises, many IDPs sought refuge in camp-like and spontaneous settlements both in Bangui – where up to 100,000 IDPs gathered at the international airport – but also in the provinces. Some populations fled into the bush where unknown numbers died from untreated common illnesses.⁷ At the same time, the number of Central African refugees in the 5 neighbouring states of Cameroon, Chad, the Democratic Republic of Congo and the Republic of Congo rose from 246,000 in January to 349,452 at the beginning of May 2014.⁸

‘Ethnic cleansing’

11. When Seleka forces withdrew from western areas under attacks and military pressure from French peacekeeping forces, Muslims were left at the mercy of the anti-balaka. Tens of thousands of Muslims fled for their lives, to Cameroon or other areas of the country. Villages were emptied of their Muslim populations, homes were looted and mosques torched. Thousands found safety at Catholic parishes, military bases of AU and French peacekeepers, and in Muslim neighbourhoods. Anti-balaka also relentlessly attacked ethnic Peuhl, a Muslim nomadic population numbering about 300,000, many of whom tried to escape to Cameroon or make their way to the enclaves.⁹

12. Muslims who remained in CAR were trapped in ‘enclaves’, under the protection of peacekeepers, with limited freedom of movement and under constant risk of attack. Serious challenges to property rights exist after homes and agricultural fields were vacated, and the total scale of protection violations and abuses remained unknown.¹⁰ In Bangui, the Muslim population dropped from up to 145,000 to just 900. Amnesty International called it ethnic cleansing, warned of a Muslim exodus of historic proportions, and criticized international peacekeepers for failing to prevent it.¹¹

Humanitarian needs

13. Humanitarian needs escalated dramatically during the crisis. In December, OCHA reported the entire population, estimated at 4.6 million, was directly or indirectly affected by the crisis; and almost half was in need of humanitarian assistance. Priority needs were identified as: (i) multi-sector/cluster assistance to IDPs and other priority populations, and (ii) protection, which would be the ‘main driver’ of the response.¹² In January 2014, OCHA highlighted the following:¹³

- Extent of displacement: 902,000 IDPs in CAR, 478,000 in Bangui alone.
- Lack of health services and medication: Two thirds of population with no access to health care, 80% of health workers displaced; 50% of health facilities looted.
- Protection concerns hamper livelihoods: 9 of 10 communities in affected areas reported security incidents in last 3 months; 32% surveyed reported risk of rape while fetching wood or water.
- Extremely poor water, hygiene and sanitation conditions: In Bangui displacement sites, on average one latrine for 1,200 persons
- Targeted violence: growing faith-based polarisation and apparent rise in targeted violence against minority populations.

⁷ Save the Children, Central African Republic: Life The Bush - “We Live Like Animals, We Are Barely Surviving”. (Michael McCusker, Programme Officer, 2 December 2013); <https://www.savethechildren.net/article/central-african-republic-life-bush-%E2%80%9Cwe-live-animals-we-are-barely-surviving%E2%80%9D>

⁸ Internal Displacement Monitoring Centre, Central African Republic: Amid extreme poverty and state fragility, more robust response needed (IDMC 30 May 2014)

⁹ Human Rights Watch, Central African Republic: Muslims Trapped in Enclaves (HRW, December 22, 2014) <http://www.hrw.org/news/2014/12/22/central-african-republic-muslims-trapped-enclaves>

¹⁰ NGOs, Central African Republic: No More Half Measures, 26 September 2014

¹¹ Amnesty International, Central African Republic: Ethnic cleansing and sectarian killings, 12 February 2014;

<https://www.amnesty.org/en/articles/news/2014/02/central-african-republic-ethnic-cleansing-sectarian-violence/>

¹² OCHA, 100 Day Plan for Priority Humanitarian Action in the Central African Republic, 24 December 2013-2 April 2014 (December 2013)

¹³ OCHA, 2014 Strategic Response Plan Central African Republic (Revised), 1 January-31 December 2014.

In addition, a vulnerability analysis conducted by clusters showed a correlation between population movement and increased needs in the following sectors: health, WASH, protection, and food security. Fifty per cent of the IDPs were moderately or severely food insecure according to the Emergency Food Security Assessment (EFSA) conducted in September 2013.¹⁴

Inter-agency response

14. In 2013, the international community was assisting CAR through development and humanitarian interventions. A Poverty Reduction Strategy Paper (PRSP) was adopted in September 2007 and international donors were mobilized around its objectives. By 2009, 66 percent of USD 1.3 billion PRSP budget was allocated to economic recovery and diversification, and 23 percent to development of human capital. The government and the UN country team also prepared a development assistance framework (UNDAF) for 2012-2016, taking an integrated approach to peacebuilding and development. It proposed three overarching outcomes:¹⁵ security sector reform, good governance, and rule of law and protection of human rights.

15. At the same time, the UN continued developing annual humanitarian programmes. For 2013, the Humanitarian Country Team's Consolidated Appeals Process (CAP) requested US\$129.3m to support 102 projects that addressed the needs of the most vulnerable people according to established prioritization criteria, in order to provide life-saving assistance for people affected by emergencies, and to stabilize livelihoods through integrated recovery activities.

Emergency response

16. On 11 December, due to the gravity, scale, complexity and urgency of the situation in CAR, the Emergency Relief Coordinator (ERC), in accordance with the IASC Principals, declared the humanitarian crisis in the CAR as a Level 3 emergency, which is activated when the situation requires a system-wide mobilization to significantly increase the scale of the response and improve the overall capacity and effectiveness of the humanitarian system. The L3 emergency has been extended until May 2015 and was finally deactivated on 13 May 2015.¹⁶

17. Measures accompanying the L3 declaration included the deployment of a Senior Humanitarian Coordinator, sending surge capacity through the Inter-Agency Rapid Response Mechanism (IARRM) and an upgrade in operational capacity by most humanitarian organizations. The declaration of the L3 also triggers an Operational Peer Review (OPR) within 90 days of the crisis and an IAHE to support the humanitarian response. The OPR conducted from the 24 February to 5 March 2014 recognized the challenges impeding the humanitarian effort, such as the limited funding, lack of access, poor infrastructure and the difficulty for humanitarians to respond and anticipate challenges due to the complex and evolving nature of the crisis. The OPR's main recommendation for the HCT was, inter alia, to improve the functioning of the inter-cluster coordination group, scale up presence in the provincial capitals and surrounding areas, develop further advocacy and fundraising strategies and implement a robust security management structure.¹⁷

18. Within a week of the L3 declaration, the HCT approved a humanitarian action plan. The 100-day Action Plan for Priority Humanitarian Action in CAR maintained strategic objectives being set for the 2014 Strategic Response Plan (SRP, previously the CAP), and sought to rapidly scale up the humanitarian response to halt the deterioration of the situation. It requested USD 152.2 million

¹⁴ 2014 Humanitarian Needs Overview: Central African Republic, (prepared by OCHA on behalf of the HCT, October 2013). Accessed, https://docs.unocha.org/sites/dms/CAP/HNO_2014_CAR.pdf

¹⁵ Plan Cadre Des Nations Unies Pour L'aide Au Développement De La République Centrafricaine (Undaf+ 2012-2016).

¹⁶ IAHE, Inter-Agency Humanitarian Evaluation (IAHE) of Response to crisis in the Central African Republic, June 2015

¹⁷ IAHE, Inter-Agency Humanitarian Evaluation (IAHE) of Response to crisis in the Central African Republic, terms of reference, June 2015

identified 2.2 million people in need of humanitarian assistance, including 639,000 IDPs (OCHA Dec. 2013). The SRP objectives were to:

- Provide integrated life-saving assistance to people in need as a result of the continuing political and security crisis, particularly IDPs and their host communities.
- Reinforce the protection of civilians, including of their fundamental human rights, in particular as it relates to women and children.
- Rebuild affected communities' resilience to withstand shocks and address inter-religious and intercommunity conflicts.

19. In January 2014, the HCT produced a revised 2014 Strategic Response Plan. Estimating that 2.5 million needed humanitarian aid (54.3% of total population), it targeted 1.8 million people (40% of total population) for the year ahead. Key categories of people in need included 922,000 IDPs, 20,336 refugees, and 1.6 million non-displaced (OCHA SRP 2014). Its overarching purpose was to 'alleviate and prevent suffering of conflict-affected people in the Central African Republic in 2014,' and its strategic objectives were:

- Provide life-saving humanitarian, multi-sectoral packages to internally displaced persons (IDPs) and host communities, migrants, and returning persons;
- Conflict-affected people are protected from harm, specifically vulnerable groups (e.g. unaccompanied minors, women, single-headed households, migrants, unaccompanied children and the elderly);
- Returnees and other affected people access basic services;
- Affected communities' resilience. Affected communities' resilience is restored

For this, it now requested a total of USD551.3 million, with the largest amounts targeted at: food security, protection, early recovery, and health.

20. The UN-led response in CAR was criticized as weak by international NGOs. In late 2014, international NGOs called for improvements in the international response, providing recommendations to UN member states and MINUSCA, the UN peacekeeping force.¹⁸ 'As long as half measures remain the status quo, the people of CAR will continue living under the shadow of violence and displacement,' they said in a statement. One NGO representative urged the aid system to commit to CAR for a longer period as the only way to establish appropriate expertise and presence countrywide, and be able to respond to the enormous needs of the population.¹⁹

21. In December 2014, the HCT produced its current 2015 Humanitarian Response Plan. Estimating that 2.7 million people remained in need of humanitarian assistance, it targeted 2 million people, concentrating the response on emergency relief, protection and reinforcement of resilience. Key categories of people in need included 1.4 million with food insecurity, 700,000 returned, 400,000 displaced, and 200,000 host populations. Its strategic objectives were:

- To immediately improve the living conditions of newly displaced individuals, ensuring their protection and providing them with basic goods and social services.
- To reinforce the protection of civilians, including their basic rights, in particular those of women and children.
- To increase access to basic services and means of subsistence for vulnerable men and women.
- To facilitate sustainable solutions for displaced individuals and refugees particularly in areas of return or reintegration.

¹⁸ 'Central African Republic: No More Half Measures', (NRC, Oxfam, Save the Children, IRC, Concern, Intersos, CRS, INSO, DRC, MercyCorps, CAFOD, Tearfund, IDMC; 26 September 2014)

¹⁹ Picco, E. 'Central African Republic: fragile state, fragile response,' (Humanitarian affairs advisor for Médecins, Humanitarian Exchange, Number 62, September 2014)

For this, it requested a total of USD 612.9million, with the largest amounts targeted at: protection, health, shelter and non-food, nutrition, and WASH.

Government plans

22. In any emergency, the national government retains the primary responsibility for coordination of the international humanitarian response. After Seleka rebels suspended the constitution and dissolved parliament in March 2013, a transitional government of national unity was established in July 2013, and a constitutional charter called for the development of a Road Map to guide national policy. In August 2013, the Government drafted a plan for responding to the emergency and promoting durable recovery, covering these aspects: (i) security, peace, governance, and the rule of law; (iii) civil protection, civil administration; (ii) essential services, HIV/AIDS and the environment; and (iv) economic and financial reforms, and promoting growth. It concluded with an action plan, and a strategy for mobilizing both internal and external resources.²⁰ In October 2013, the emergency and recovery plan was presented as a purely operational road map with four pillars: Restoring security and consolidating peace; humanitarian assistance; politics and governance; and economic revival. Aimed at building the foundations of a new CAR, the Road Map required USD 440m, including USD 117m for humanitarian assistance focused on return of displaced persons and re-establishing basic services.

Operational constraints

23. At the time of the scoping mission, in February 2015, the number of humanitarian actors in CAR was estimated at 105. While relief agencies were trying to assist conflict-affected populations, the presence of armed groups was triggering permanent insecurity and access constraints that were obstructing humanitarian operations outside Bangui. In addition to insecurity and access limitations, other response constrains include poor infrastructure, population movement, absence of national counterparts in national institutions, higher turnover of humanitarian workers. Moreover, attacks and kidnappings targeting humanitarians were increasing. Since September 2013, 24 humanitarian workers were killed. Amnesty International and the International Crisis Group denounced the prevailing impunity that contributes to the perpetual attacks on humanitarian workers. Basic and urgent humanitarian needs could intensify as aid agencies still struggle to access vulnerable populations in the most remote areas of the country. The situation throughout CAR remained volatile, with escalating attacks against civilians. Opposing armed groups controlled vast territories and roads and provoked daily violent clashes that continue to displace thousands of people already living in dramatic conditions.²¹ As the political process continued, non-state armed actors (NSAAs) fragmented and a collapse in command and control caused increasing difficulties in brokering nationwide agreements. Free movement was reliant on local negotiation with NSAAs until MINUSCA established partial control in some areas, the situation remains unpredictable.²²

24. The arrival of the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), EUFOR and the French *Sangaris* has contributed to relative security improvement throughout the country where people are displaced and humanitarian workers operate. While EUFOR withdrew on 15 March 2015 and *Sangaris* plans to downsize by October 2015, MINUSCA²³ is expecting to have a stabilizing effect but its full deployment has not yet been achieved. While the expected stabilization is supposed to pave the way for the Transitional Government to strengthen its institutions, restore basic services and organize elections before the

²⁰ République Centrafricaine, Projet de Programme d'Urgence et de Relèvement Durable 2013 – 2015, (Draft, August 2013)

²¹ IAHE, Inter-Agency Humanitarian Evaluation (IAHE) of Response to crisis in the Central African Republic, terms of reference, 15 June 2015

²² Comment received from IAHE advisory group in CAR

²³ Deployed in September 2014 to replace the African Union force.

end of 2015, political instability remains high.²⁴ Antipathy towards the *Sangaris* has increased following accusations of sexual abuse of children by the French peacekeeping troops in an IDP site.²⁵

Section 2. Background

25. This section describes the international context for the IAHE in CAR, including the evolution of inter-agency coordination efforts, the establishment of IAHEs, and some underlying assumptions.

26. Since 1991, General Assembly resolution 46/182 has provided the [normative, institutional] framework for emergency relief and continues to guide the work of the humanitarian system today.²⁶ 46/182 was a comprehensive resolution that broadly addressed how to strengthen the coordination of the humanitarian system, through creating the position of the Emergency Relief Coordinator, the United Nations department which in 1998 became the Office for the Coordination of Humanitarian Affairs, the Inter-Agency Standing Committee, the Central Emergency Revolving Fund (which in 2005 became the Central Emergency Response Fund) and the Consolidated Appeals Process.²⁷

27. In 1992, the Inter-Agency Standing Committee (IASC) was established as the primary mechanism for inter-agency coordination of humanitarian assistance. Members of the IASC forum are the heads or designated representatives of the UN operational agencies (UNDP, UNICEF, UNHCR, WFP, FAO, WHO, UN-HABITAT, OCHA). In addition, there is a standing invitation to IOM, ICRC, IFRC, OHCHR, UNFPA, the Special Rapporteur on the Human Rights of IDPs and the World Bank. The NGO consortia ICVA, InterAction and SCHR are also invited on a permanent basis to attend. The IASC is chaired by the ERC. In practice, no distinction is made between "Members" and "Standing Invitees" and the number of participating agencies has expanded since 1992. In fact, the strength and added value of the IASC lies in its broad membership, bringing together all key humanitarian actors.²⁸

28. In 2005, a Humanitarian Reform process was initiated by the Emergency Relief Coordinator, together with the Inter-Agency Standing Committee (IASC) in 2005 to improve the effectiveness of humanitarian response. Emergency response capacity has been reinforced at the global level according to an agreed division of labour, but challenges remain in deploying adequate leadership; putting in place appropriate coordination mechanisms at various levels and ensuring clear mutual accountabilities. Furthermore, the application of the cluster approach has become overly process-driven and may sometimes undermine rather than enable delivery.²⁹

29. In 2011, recognizing weaknesses in the multilateral humanitarian response, IASC Principals decided to review the current approach and make adjustments, building on the lessons learned in 2010 and 2011. In December 2011, the Principals agreed to a Transformative Agenda, a set of actions that collectively would represent a substantive improvement to the current humanitarian response model. Under its three pillars, leadership, coordination, and accountability, new strategies and tools are being introduced.

²⁴ IAHE, Inter-Agency Humanitarian Evaluation (IAHE) of Response to crisis in the Central African Republic, terms of reference, 15 June 2015

²⁵ The Guardian, UN aid worker suspended for leaking report on child abuse by French troops, 29 April 2015; <http://www.theguardian.com/world/2015/apr/29/un-aid-worker-suspended-leaking-report-child-abuse-french-troops-car>

²⁶ United Nations General Assembly, Resolution 46/182, Strengthening of the coordination of humanitarian emergency assistance of the United Nations (78th plenary meeting, 19 December 1991)

²⁷ OCHA, 'Reference Guide: Normative developments on the coordination of humanitarian assistance in the General Assembly and the Economic and Social Council since the adoption of General Assembly resolution 46/182,' (OCHA Policy and Studies Branch 2011)

²⁸ IASC website, IASC Membership, <http://interagencystandingcommittee.org/iasc/membership-and-structure>

²⁹ Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs) Guidelines Developed by the IAHE Steering Group Final Version, 30 April 2014

30. In 2013, and on the basis of the three pillars of the Transformative Agenda³⁰ (TA), the IASC Principals endorsed the TA Protocols. The Protocols are composed of eight reference documents (see box below) that include a set of actions to address acknowledged challenges in leadership, coordination and enhance accountability for the achievement of collective results. These actions are:

- Establishing a mechanism to deploy strong experienced senior humanitarian leadership from the outset of a major crisis;
- The strengthening of leadership capacities and rapid deployment of humanitarian leaders;
- Improved strategic planning at the country level that clarifies the collective results the humanitarian community sets out to achieve and identifies how clusters and organizations will contribute to them;
- Enhanced accountability of the Humanitarian Coordinator and members of the Humanitarian Country Team for the achievement of collective results and of the humanitarian community towards the affected people; and
- Streamlined coordination mechanisms adapted to operational requirements and contexts to better facilitate delivery.

31. The fifth TA Protocol relates to the Humanitarian Programme Cycle (HPC), which is defined as a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response. The HPC consists of five elements: needs assessment and analysis; strategic response planning; resource mobilization; implementation and monitoring; and operational review and evaluation. OPRs and IAHEs are tools to assess and reflect on the extent to which the collective response has met its objectives and to provide information on areas of work that need to be improved in the future to make the response more effective.

32. The IASC Principals agreed that major sudden-onset humanitarian crises triggered by natural disasters or conflict which require system-wide mobilization (so-called 'Level 3/L3' emergencies) are to be subject to a Humanitarian System-Wide Emergency Activation (henceforth referred to as 'L3 activation'), to ensure a more effective response to the humanitarian needs of affected populations. This exceptional measure will only be applied for exceptional circumstances where the gravity justifies mobilization beyond normally expected levels, while recognizing the complementarity of humanitarian systems.³¹

Transformative Agenda Protocols

Following the agreement of the Transformative Agenda (TA) in December 2011, the Principals agreed the 'TA Protocols', which set the parameters for improved collective action in humanitarian emergencies. The Protocols include the following documents:

- [1. Concept Paper on 'Empowered Leadership'- revised March 2014](#)
 - [2. Humanitarian System-Wide Emergency Activation: definition and procedures](#)
 - [3. Responding to Level 3 Emergencies: What 'Empowered Leadership' looks like in practice](#)
 - [4. Reference Module for Cluster Coordination at the Country Level](#) (November 2012)
 - [5. Humanitarian Programme Cycle Reference Module Version 1.0](#) (December 2013)
 - [6. Accountability to Affected Populations Operational Framework](#)
 - [7. Inter-Agency Rapid Response Mechanism \(IARRM\) Concept Note](#) (December 2013)
 - [8. Common Framework for Preparedness](#) (October 2013)
- <https://interagencystandingcommittee.org/iasc-transformative-agenda>

³⁰ The three pillars of the Transformative Agenda are: accountability, leadership and coordination

³¹ IASC, Humanitarian System-Wide Emergency Activation: definition and procedures, (IASC Transformative Agenda Reference Document, 13 April 2012)

IAHE

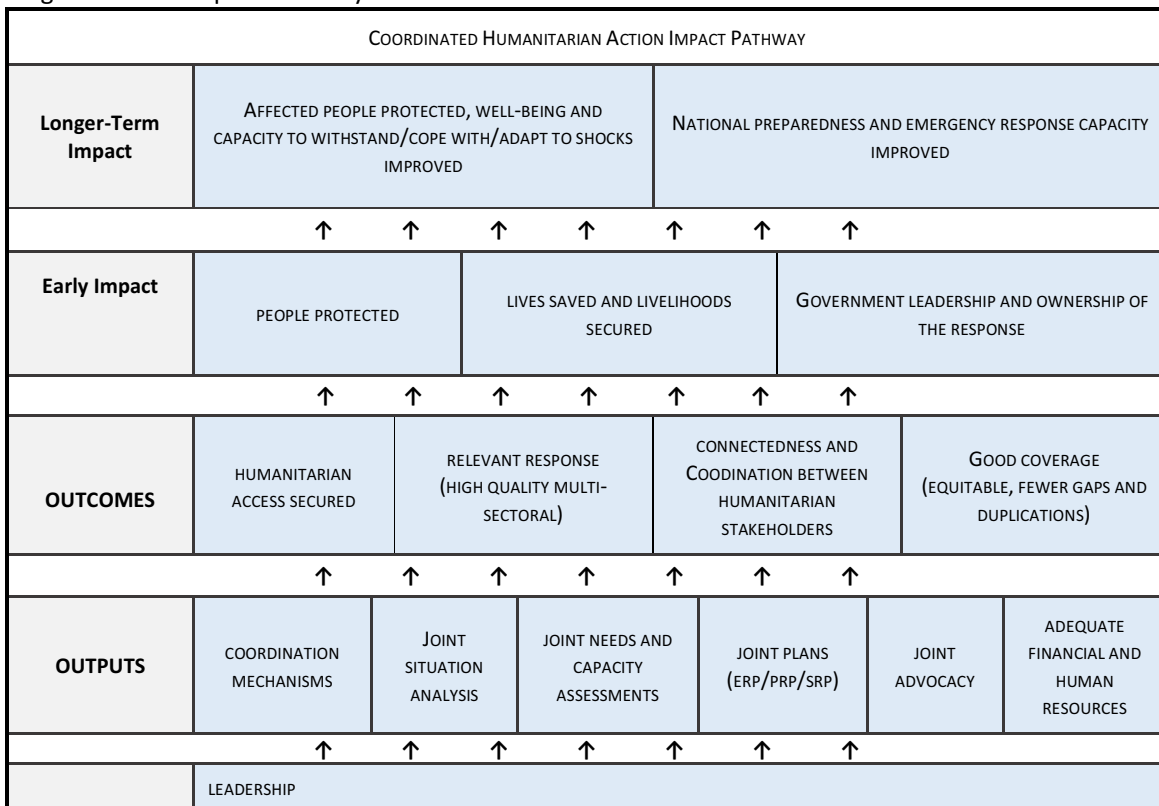
33. As part of these reform efforts, Inter-Agency Humanitarian Evaluations (IAHEs) of Large Scale System-Wide Emergencies have been introduced with a view to strengthen learning and promote accountability towards donors, national governments and affected people. Under the IASC’s Transformative Agenda, IAHEs constitute the final component of the common Humanitarian Programme Cycle (HPC), and are automatically triggered by the declaration of a system-wide Level 3 (L3) emergency. IAHE final reports are expected to be available between 12 and 15 months after the declaration of an L3.

34. As a joint effort, IAHEs are expected to add distinct value by helping to foster a sense of collective accountability and system-wide strategic learning, while responding to the call of UN Member States for greater system-wide coherence through the adoption of more harmonized and coordinated approaches.

35. The IASC–commissioned Real-Time Evaluations (RTEs), conducted between 2007 and 2012, have been replaced by Operational Peer Reviews (OPRs), an internal, inter-agency management tool which identifies areas for improvement (if applicable) early in a response. An OPR is designed to be a light, brief and collaborative process, undertaken by peers. It is not intended to measure results or the impact of the response.

36. IAHEs are conducted at a later stage of the humanitarian response and their main purpose is to promote accountability to donors and affected population. The promotion of accountability includes the consistent application of quality standards, adherence to core humanitarian principles, and fostering strategic learning for the humanitarian system. IAHEs are conducted in adherence to the international evaluation principles of independence, credibility and utility.

Figure 2: IAHE Impact Pathway



INPUTS	HUMAN RESOURCES, INCLUDING SURGE CAPACITY
	POOLED AND AGENCY FUNDS
	GUIDANCE AND PROGRAMMING TOOLS (HPC, MIRA, STANDARDS, ETC.)
	LOGISTICS

Source: IAHE Guidelines 2014

Assumptions

37. It is good practice for an evaluation to make explicit the assumptions underlying the object of evaluation, and to interrogate its logic model or 'Theory of Change'. Reflecting on assumptions that underlie the interagency response in CAR, we raise the following questions to guide our proposed approach:

- **Optimal framework:** The international community's efforts towards improving coordinated humanitarian action have been refined by the Transformative Agenda into an applicable set of pillars, protocols, and response mechanisms. How optimal a framework of policy and practice did this provide for coordinated action in CAR?
- **Appropriate to conflict:** The Transformative Agenda's pillars, protocols, and mechanisms may have been shaped by international experience of responding to natural disasters in the 2000s. How appropriate were they for responding to the conflict situation in CAR?
- **Logical model:** The Transformative Agenda's pillars, protocols, and mechanisms have been elaborated from international experience. How logical a model did they provide for interagency response in CAR? How applicable is the IAHE's Impact Pathway to the CAR response?

Section 3. Objectives

38. This section presents user-focused objectives, along with descriptions of the evaluation's intended users, plans to engage them, and the scope of inquiry.

User-focus objectives

39. Recognizing the multiplicity of expectations and diversity of stakeholders, we propose the following user-focused objectives. They are based on an alignment of expectations defined in the ToR and IAHE guidelines, and informed by consultations with IAHE members (see Annex 1).

1. **Accountability to stakeholders:** *To conduct an independent assessment of strategic results (and overall assessment of interagency response) in order to provide collective accountability to (incl. a basis for dialogue among) all stakeholders, in particular affected population and global stakeholders (incl. donors)*
2. **Humanitarian learning:** *To assess how key response mechanisms (i.e. inputs and outputs / HPC and pillars of the Transformative Agenda) contributed to results, in order to capture lessons (and good practices) for operational and global stakeholders*
3. **Strategic direction:** *To provide policy recommendations to IASC and practice recommendations to the HCT, in order to inform preparation of HRP 2016 and enable key improvements*
4. **IAHE process:** *To provide feedback to IAHE on IAHE guidelines, and their applicability/appropriateness for CAR response*

Users

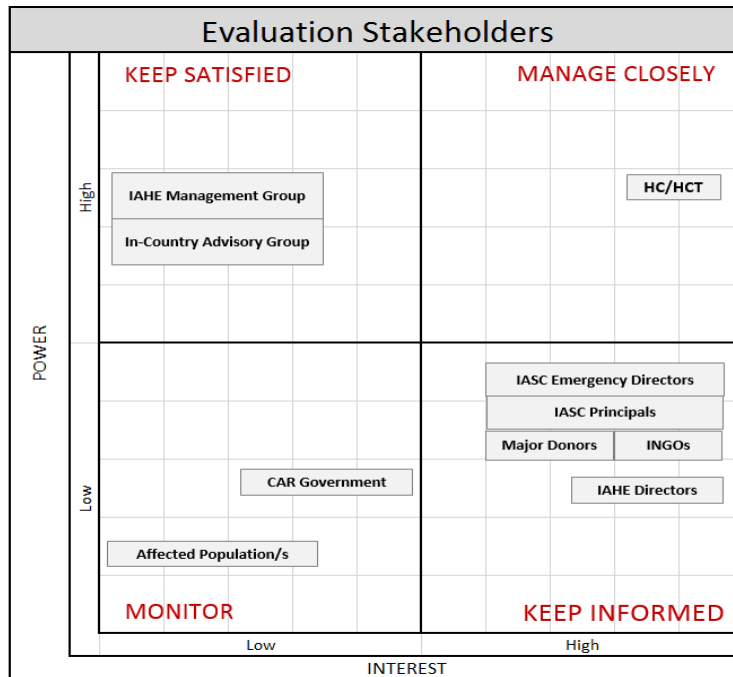
40. The ToR defines key users for this IAHE. The primary users of the IAHE will be the **HC and the HCT**, which will use the results to ensure accountability and learning for the on-going response. The secondary users of the IAHE are the **IASC Principals**, the IASC Working Group and Emergency Directors group, who are expected to use IAHE results and lessons learned as part of their overall monitoring strategies on key strategic issues at the global level, policy-making and conceptualization of the approach to future emergencies.

Engagement

41. Recognizing that a range of actors have diverse interests in the evaluation, that the collaboration of some actors is critical to the evaluation process, and that evaluators will need to manage their engagement in a strategic manner, we have conducted an analysis of evaluation stakeholders (see Annex 2) and presented these according to a standard 'power-interest' stakeholder matrix (Figure 3). Accordingly, we propose the following strategy:

- **HC/HCT:** From the HC/HCT, the IAHE needs their process facilitation and political engagement throughout, their participation in data collection, and their implementation of recommendations. From the IAHE, the HC/HCT could benefit from shaping recommendations, contributing views, using findings, learning lessons, measuring success, providing accountability, and informing the HRP 2016.
- **IASC Emergency Directors and Principals:** From EDs, the IAHE needs their participation in data collection and implementation of recommendations; and from Principals, the IAHE needs their process facilitation and political engagement. From the IAHE, the EDs could benefit from shaping recommendations, contributing views, using findings, learning lessons, measuring success, providing accountability, and informing the HRP 2016; and the Principals would benefit from the same—except would be less interested in shaping the specific recommendations throughout.
- **IAHE Management Group and CAR Advisory Group:** From both groups, the IAHE needs process facilitation throughout, validation and formal approval of design/inception, validation of preliminary findings and comments on first draft, and approval of final report. While the MG aims to ensure the evaluation meets high standards and has the formal approval role, the AG aims to advise on key issues and on engaging with in-country stakeholders. Also, the AG has an advisory role, rather than of validation and approval while the MG does have an approval role. From the IAHE, the MG and AG could benefit from shaping methodology design, and ensuring a high quality of the process and final product.
- **CAR government and affected population:** From the CAR government and sections of affected population, the IAHE needs their participation in data collection and perhaps some process facilitation. From the IAHE, the CAR government and affected population could benefit from a chance to contribute their views, learning about the response, measuring its success, and informing HRP 2016. The government, especially technical ministries and staff at prefecture level, could benefit further from using the findings to inform policies and practices.

Figure 3: Evaluation stakeholders



Scope

42. The evaluation will consider the collective response from the L3 Declaration on 11 December 2013 until the main evaluation mission is conducted in July-August 2015.

43. In preparation for this IAHE, an inter-agency team undertook a preliminary planning and scoping exercise in CAR. Its objectives were to identify major areas of concern and key evaluation questions to determine the result level to be assessed, ensure adequate and meaningful inclusion of the views of affected people and assess the use of conducting a potential case study. The mission identified eight top-level key issues that the evaluation should address (see Annex 3):

- Protection
- Accountability to affected people
- Resilience
- Level 3 opportunities and challenges
- Access to affected people
- Humanitarian space in an integrated mission
- Capacity to respond
- Case study on communities at risk

44. At the inception phase, we engaged with IAHE Steering and Management Group members to seek advice (see Annex 4). In relation to utilization, members urged IAHE CAR to request an IASC management response, and try to contribute to IASC learning. For analysis, members urged us to emphasize results, and consider counterfactuals and several themes (already being covered). For

methodology, they urged the evaluation to engage beneficiaries, manage expectations, and ensure practical planning and a smooth process. For the IAHE Guidelines, they urged us to provide feedback but not an assessment, and to consider their appropriateness to CAR's conflict.

Section 4. Stakeholders

45. This section describes the stakeholders in CAR’s interagency response, and a sampling strategy for consulting them in a structured manner.

46. Beyond actors interested in the evaluation, it is important to understand the multiple stakeholders in the interagency response itself. To that end, we have conducted a mapping exercise to define the universe/totality of actors involved, and their different stakes in the interagency response (available upon request). On that basis, we will develop a structured approach to consulting them, using purposive sampling where necessary.

47. We have constructed the following primary stakeholder groups.

- **Global stakeholders** are the international actors at the global or regional level with a formal or informal governing stake in the interagency response, including operational actors UN, ICRC/IFRC and INGOs that constitute the IASC, but also concerned non-operational actors such as major donors, peace and security actors, human rights actors, development actors, regional and transnational bodies.
- **Operational actors** are international or national humanitarian actors at the national, regional and cluster levels, who are responsible for delivering programmes through the SRP. They include operational actors (UN, INGO and NNGO), and coordinating actors (UN, Government) at strategic and cluster levels.
- **Affected population** are all people affected by the emergency, whose lives, health, rights, dignity, security, and resilience were to be ensured through the response. They include all intended beneficiaries in the SRP, and their representative both government and civil society.

Figure 4: Key stakeholders in CAR’s interagency response

	Who are they?	What stake/s in response?
Global stakeholders (GS)	<ul style="list-style-type: none"> • IASC membership, • major donors, • peace and security actors, • human rights actors, • development actors, and • regional and transnational bodies. 	<ul style="list-style-type: none"> • International responsibility, • shared governance, • financial and political, investment, • strategy and knowledge management.
Operational stakeholders (OS)	<ul style="list-style-type: none"> • HCT membership • UN agencies • INGOs • NNGOs • Red Cross and MSF*Christian organizations • State actors • Operational donors 	<ul style="list-style-type: none"> • Participants in SRP • Programme implementation • Response coordination • Quality and accountability • Advocacy and partnership
Affected population (AP)	<ul style="list-style-type: none"> • Population/s affected by emergency • Beneficiaries in SRP • Representatives, government and civil society 	<ul style="list-style-type: none"> • Intended benefits (reduced mortality/morbidity, dignity, protection, resilience) • Unintended consequences

*Non-participants in SRP/HSP

Sampling strategy

48. The following table shows the outlines of our proposed sampling strategy. For each stakeholder group, it shows a definition of the entire population, selection criteria for the sample frame,

approaches to stratification and inclusion, and a proposed sample size. These strategies are intended to be criteria-based purposive samples,³² and make no claim to randomized or probability sampling.

Figure 5: Stakeholder consultation, purposive sampling strategies

Stakeholder group	Entire population	Selection criteria	Stratification	Inclusion strategy	Expected number to be consulted
Global stakeholders	Population mapped, with OCHA NY	Active involvement	by type (i.e. who are they); by stake (i.e. what stake)	None, based on function only	n = 15-20
Operational stakeholders	Population mapped, with OCHA CAR OCHA counts 105 actors in the cluster system. SRP 2014 reports 76 actors. Additional non-SRP actors to consider: large faith-based actors, and stabilization actors	Size of response Strategic level	by sector, by geography	None, based on function only	n = 45-60 [15-20x UN, 15-20x INGO, 15-20x national actors
Affected population	Defined populations and geographies targeted in SRP 2014 and HRP 2015	Populations most affected and targeted with large/most assistance	IDP sites and mixed host communities, Christians and Muslims, Geographic	Include the following: women and men; children and older people; people with disabilities; most vulnerable and most resilient	3-5 x Cases* 1 x community at risk, 1-2 x large IDP sites, 1-2 x mixed populations (IDPs, hosts, returnees) n = 5-7 in-depth interviews per case; as well as conversations; general observations; verbatim quotes and 'vox-pop' surveys

Section 5. Framework

49. This section describes our proposed analytical framework, including evaluation questions and an analytical strategy.

50. Developing an analytical framework required aligning the following: four core questions from the IAHE Guidelines, eight key themes identified in the scoping mission, and the nine ALNAP criteria (including coordination), as well as eight SRP strategic objectives and an unspecified number of IASC core humanitarian principles and guidance. Building questions involved a process of aligning similar elements across these, and seeking to discard elements that were not applicable (see matrix 'Building questions', available on request).

³² See Better Evaluation, 'Sample,' accessed 25 June 2015 from: <http://betterevaluation.org/plan/describe/sample>

Core IAHE questions

The evaluation's analytical framework will be structured around the following core questions:

1. To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the Strategic Response Plan achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster?
2. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?
3. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?
4. To what extent were IASC core humanitarian programming principles and guidance applied?

Source: IAHE Guidelines 2014

Key Evaluation Questions (KEQs)

51. Given the above, we disaggregated the Core Questions in the IAHE Guidelines into eight key evaluation questions (KEQs), which will be addressed on the basis of detailed findings reached at level of 24 sub-questions. The KEQs are as follows:

1. To what extent are SRP/HRP objectives appropriate and relevant to meet humanitarian needs?
2. To what extent are the results articulated in the SRP/HRP achieved?
3. What were both the positive and potentially negative outcomes for people affected by the disaster?
4. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps?
5. To what extent were IASC core humanitarian programming principles and guidance applied?
6. What process or factors help explain results or the lack thereof?
7. How well have systems been established to measure their achievement [of results?]
8. To what extent have national and local stakeholders been involved and their capacities strengthened through the response, to contribute to development?

52. Note that in question KEQ6, we substitute the word 'contextual' with the word 'process', because the emphasis will be on coordination factors: coordination (overall), preparedness, needs assessment, planning, monitoring and evaluation, leadership, accountability to affected populations, and coherence/humanitarian space. Note that in KEQ7, we will expand the question to consider how well systems have been established to measure achievement of results. Note in KEQ8, we add the words 'to contribute to development' to align the question with the 'connectedness' criterion.

Sub-questions

53. In order to address the eight KEQs (see above) we will address the following 24 sub-questions. All findings will be reached using the analytical strategy presented in the Evaluation matrix (Annex 5).

Lines of inquiry	KEQs	Sub-questions
Results	1. To what extent are SRP objectives appropriate and relevant to meet humanitarian needs?	1.1 To what extent were SRP objectives relevant to the needs of the affected population?
		1.2 To what extent were SRP strategies appropriate to priorities of the affected population?
	2. To what extent are the results articulated in the Strategic Response Plan achieved?	2.1 To what extent have strategic objectives been achieved, or are likely to be achieved, within the SRP timeframe?
		2.2 How successfully have people been protected, particularly women and children, and their basic rights upheld? (physical, legal, material)
2.3 How adequate was coverage?		

	3. What were both the positive and potentially negative outcomes for people affected by the disaster?	3.1 Which, if any, of the intended IAHE outcomes and impact indicators have been achieved, with a view to achieving longer-term impact?
Coordination	4. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps?	4.1 To what extent did the response avoid duplication?
		4.2 To what extent did the response fill gaps?
Process	5. To what extent were IASC core humanitarian programming principles and guidance applied, including HPC, MIRA, standards, etc.)	5.1 How well was the L3 mechanism applied?
		5.2 How well was the Humanitarian Programme Cycle (HPC) applied?
		5.3 How well were IASC programming principles and guidance on preparedness applied?
		5.4 How well were IASC programming principles and guidance on needs assessment applied?
		5.5 How well were IASC planning tools applied?
	6. How well have systems been established to measure the achievement of results?	6.1 To what extent have monitoring systems been established to measure achievement of SRP strategic objectives?
		6.2 How well were IASC monitoring tools applied?
		6.3 How well were IASC principles and guidance on evaluation applied?
		6.4 How well was guidance on empowered leadership applied?
		6.5 To what extent was the response accountable to affected people?
6.6 How well did the response act to secure access and maintain humanitarian space in an integrated mission?		
7. What process factors help explain results or the lack thereof? Which aspects of the process contributed most to overall effectiveness?		
Connectedness	8. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?	8.1 To what extent have national and local stakeholders been involved in the response?
		8.2 To what extent have national and local capacity been strengthened by the response?
		8.3 To what extent did short term emergency response take into account longer term development, e.g. through recovery activities?
		8.4 To what extent was resilience considered in the response?
		8.5 How well did the response ensure a conflict-sensitive approach, or avoid aggravating grievances, vulnerabilities and tensions?
IAHE		9. How appropriate are the IAHE guidelines for evaluating the CAR response?

Considerations

54. The process of building the evaluation questions led to the following considerations.

Logic: Reflecting on all the interagency response and assumptions underlying it, three main questions arise: (i) What did the interagency response achieve in relation to saving lives and reducing suffering? (ii) How well applied were interagency coordination mechanisms, and how much did they contribute to achievements? (iii) How responsible and accountable was the interagency response, in relation to the population affected, local and national stakeholders? These questions will be addressed in the conclusions section.

Framework: According to the IAHE core questions, we will divide the evaluation into four lines of inquiry: (i) results, (ii) coordination, (iv) process, and (iii) connectedness. We present them in this order, which we consider logical for this evaluation.

Results: We consider results to be the most important part of the evaluation, as advised by stakeholders and in line with objective 1 and the primary concern with accountability to all stakeholders. Given that there are eight SRP objectives, we will need to limit the scope of inquiry, and focus on high-level results as much as possible, not sector-based results. In addition, we will consider relevance/appropriateness in relation to needs and priorities only, coverage, and ‘early impact’ as defined in the IAHE Impact Pathway.

Coordination: Coordination between stakeholders is considered crucial to an effective interagency response. It may be understood either as an indicator of efficiency (filling gaps and avoiding duplication), or as an overarching model of effectiveness (an interagency response). We will assess it as an indicator of efficiency here, and as an overarching model of an effectiveness separately and as a ‘process.’

Process: While some stakeholders advise against too much focus on process, it will be important to understand how process contributes to results. Here we will address the IAHE core question, focused on whether the programming principles and guidance were well applied, as well as considering which process factors contributed most to effectiveness, achieving results or lack of results.

Connectedness: In addition to understanding effectiveness in the process, it is important to consider how responsible the process was to national and local stakeholders. The IAHE Core Question focuses on involvement and building capacity of national and local stakeholders, which we have taken to include building ‘resilience’. These questions align with the ALNAP criterion of ‘connectedness’, and the requirement that a humanitarian response should reinforce national and local capacities to contribute to development, and not undermine it by creating unsustainable parallel structures.

Scale of inquiry: Recognizing that we must give an overall assessment, we are concerned to reduce the scope and scale of the inquiry to priority areas. It is good practice to focus inquiry on key areas rather than let the scope grow beyond what is manageable, or allow ambition to undermine quality. Expanding scope risks are (i) that eight SRP objectives will require eight separate lines of detailed inquiry, and (ii) that IASC programming principles and guidance are very wide ranging and imply assessing too many principles, guidelines and tools. Recognizing these risks, we will work at the document review stage to propose strategies to address them. (iii) A practical limitation is that triangulation requires in-depth interviews with stakeholders, and interviews are not usually longer than an hour; so questions must be few enough to address properly in that time. We will address this through analytical strategies that seek specific input from specific groups not all groups, allowing for tailored consultation tools.

Analytical strategy

55. We have prepared an evaluation matrix to show our analytical strategy for addressing each core question and sub-question (see Annex 5). In general, analysis will follow these steps:

- Data collection: Collect relevant data for each sub-question
- Preliminary findings: Present preliminary findings for validation
- Detailed analysis: Analyse using source triangulation
- Detailed reporting: Report detailed findings for each method by sub-question
- Synthesis analysis: Analyse using method triangulation
- Synthesis reporting: Report synthesis findings in draft report for each core question

- Conclusions: Prepare conclusions drawing out the main overall themes
- Recommendations: Propose recommendations for development with stakeholders
- Validation: Share draft report for feedback and validation

Judgment criteria

56. At this point, we have only a general sense of which criteria will be used to assess evidence and reach findings for each sub-question. Identifying these criteria will need to be informed by the document review. We expect the following as a basis for reaching judgments in each section:

- Results: SRP objectives and indicators
- Process: impact pathway, specified IASC programming principles and guidance
- Connectedness: perceptions of affected population
- Coordination: IASC tools for duplications and gaps
- IAHE: evaluators' perceptions

57. The analysis strategy will vary by section. Each line of inquiry will involve different steps, and imply differences in the quality of findings and limitations. These are specified below for each line of inquiry.

Results

58. To assess results, we will take the following steps: Identify SRP objectives and indicators; seek data from interagency monitoring information (strategic level), stakeholder qual. ratings, AP explanations, and where necessary, interagency agency data(?); collect data using document review, data analysis (?), stakeholder surveys, case studies; and synthesize detailed findings from each method to allow method triangulation. This will yield strong findings from source triangulation, and important insights from comparing narrative input of affected population with institutional monitoring. However, findings will be limited by the risk of poor monitoring at strategic extra-sectoral level, general lack of data in CAR, and lack of higher-level reporting at level of outcomes and impact.

Process

59. To assess process, we will take the following steps: Identify applicable IASC standards, guidelines and good practices; seek data from IASC, global stakeholders and operational stakeholders; collect data using document review, and surveys with global and operational stakeholders; and synthesize detailed findings from these methods to allow method triangulation. This will yield strong findings from comparing quality expectations of global stakeholders and diverse practical accounts of operational stakeholders; and explore utility of the IAHE impact pathway. However, findings may be limited by IASC principles and guidance developed for natural disasters not applying well to CAR's chronic and acute emergency; reliance on informed institutional and technical stakeholders who may collectively lack an objective perspective on the process, instead of the affected population who are unaware of the process; and the disputed applicability of IASC principles to some operational actors.

Connectedness

60. To assess connectedness, we will take the following steps: identify applicability, using impact pathway and IASC protocols; seek data from the affected population and government, and from operational stakeholders; collect data using stakeholder survey narratives (and ratings), document review, and possibly data analysis; and synthesize detailed findings from these methods to allow method triangulation. This will yield strong findings from comparing assessment and views of affected population and government, and operational stakeholders; and ratings may be important here if clear standards are lacking. However, findings may be limited by insufficient guidance on connectedness, and the risks of structural conflicts of interest (humanitarian aid workers may have

an interest in sustaining emergency relief, whereas governments may have an interest in development assistance over relief.

Coordination

61. To assess coordination, we will take the following steps: identify applicable IASC coordination principles, and if possible clear indicators for non-duplication and addressing gaps; seek data mainly from the diverse operational stakeholders, and perhaps global stakeholders; collect data using stakeholder survey, document review, and perhaps data analysis; and synthesize detailed findings from these methods to allow method triangulation. This will yield strong findings from comparing views of operational stakeholders and use of a few clear indicators. However, findings may be limited by a focus on coordination compared to results, and consultation limited to operational stakeholders.

IAHE Guidelines

62. To provide feedback on IAHE guidelines, we will take the following steps: Identify applicable aspects of IAHE Guidelines; seek data from IAHE and analysts; collect data from consultations with IAHE heads of evaluation, document review, operational stakeholders (M+E respondents); and reach findings by analyst triangulation. This will yield simple observations based on their application to CAR, but not a full evaluative assessment.

Section 6. Methods

63. This section describes our proposed methodology for data collection, analysis and reporting, involving a mix of document review, stakeholder surveys, case studies, and data analysis.

64. We will conduct this evaluation according to internationally recognized principles in evaluation, including OECD/DAC Principles³³ and UNEG Norms.³⁴ In particular, we will undertake the evaluation in a 'conflict-sensitive' manner,³⁵ ensuring the evaluation process avoids any negative effects on conflict and, where possible, makes a positive contribution to conflict prevention and peacebuilding. We recognize the questions asked may shape people's perception of the conflict explicitly if questions are asked in ways that reinforce distrust and hostility towards the 'other side', or implicitly through any messages we transmit. In particular, we recognize the risk of negative consequences or security threats to respondents if identities of local informants are not protected, or inadvertent risks to interpreters, local facilitators, and local staff.

65. In addition, we will conduct the evaluation to be sensitive to gender, age, and disability, in particular as factors of vulnerability. Wherever possible, we will endeavour to collect data that is disaggregated by gender, age, disability, and if possible, other factors of vulnerability, including ethnicity and displacement.

66. In line with the System-wide Action Plan (UN-SWAP) on gender equality and the IASC Gender Equality Policy Statement, the evaluation will use gender analysis, and will specifically assess the extent to which gender considerations have been taken into account in the provision of the response. The final report should acknowledge how inclusive stakeholder and affected communities

³³ OECD/DAC, Principles for Evaluation of Development Assistance (OECD/DAC, Paris 1991). Available at: <http://www.oecd.org/dataoecd/31/12/2755284.pdf>

³⁴ UNEG, Norms for Evaluation in the UN System (UNEG, April 2005), Available at: <http://www.uneval.org/document/detail/21>

³⁵ OECD/DAC, Evaluating Peacebuilding Activities in Settings of Conflict and Fragility, (DAC Guidelines and Reference Series, OECD Publishing, 2012), p.35, Available at: <http://www.oecd.org/dac/evaluation/evaluatingconflictpreventionandpeacebuilding.htm>

participation was ensured during the evaluation process and any challenges to obtaining the gender equality information or to addressing these issues appropriately.

Mixed methods

67. The evaluation will use mixed method and analysis, employing a mix of appropriate qualitative and quantitative approaches, data types, and methods of data collection and analysis. To ensure maximum validity and reliability of data, the evaluation team will ensure triangulation of the various data sources. Data gathering instruments and methods will be developed so that human rights, gender equality and equity related data can be disaggregated.

Data collection and analysis

68. Our approach to data collection and analysis involves a mix of sources and methods. We will collect data from a range of sources, most importantly the key stakeholders themselves: global stakeholders, operational stakeholders, and the affected population. We will collect different types of data: from documents and data, from structured interviews and consultations, and sometimes from direct observations.

69. To collect and analyse data, we will use the following methods: Document review (DR); Data analysis (DA); In-depth interviews (IDIs) with global stakeholders (GS), operational stakeholders (OS), and representatives of the affected population (AP); and case studies (CS) to consult affected populations and beneficiaries.

Document review

70. We will conduct a document review before the field mission. It will involve the following steps:

- Assessment: Assessing all documents collected, for review, reference, or data analysis
- Define sample: Preparing a sample of 15-20 key documents for detailed review
- Review: Identifying and compiling relevant text in evidence matrix
- Report: Reporting evidence and reaching detailed findings to sub questions
- Share: Sharing detailed findings in a report

Stakeholder survey/s

71. We will conduct semi-structured surveys across the following stakeholders: global stakeholders, operational stakeholders, and representatives of the affected population (though the survey may be less structured for the latter group).

- Discussion guides: Draft discussion guides tailored for each stakeholder group (share with OCHA, translate)
- Protocols: Define survey protocol for each stakeholder group
- Evidence matrix: Prepare evidence matrix
- Sample frames: Identify sample frame of intended respondents
- Arranging: Contact them in a timely manner to arrange interviews
- Interviews: Conduct interviews intensively during designated period
- Transcription: Transcribe each interview during the interview
- Storing: Store data in evidence matrix immediately to back up data (at KonTerra and on external hard drive)
- Analysis: Reach detailed findings for sub-questions from each stakeholder group (max 15-20 respondents)
- Reporting: Report evidence in bullets that supports each finding, using source triangulation and exposition of views (key quotes?)

Stakeholder polling

72. While consulting stakeholders, we will ask a few 'polling' questions to collect quantitative ratings on specific matters. The quantitative polling questions will be asked systematically during the stakeholder surveys alongside qualitative questions.

- Design survey: Prepare survey questions and strategy, tailoring for each group
- Protocols: Define polling question protocol
- Polling: Ask polling questions to all respondents
- Tabulation: Tabulate all polling data
- Quantitative analysis: Conduct analysis frequencies, correlation/causal factors
- Charts and graphs: Prepare charts to be specified

Case studies

73. In order to collect the views of affected populations we will conduct five case studies of different communities, including communities at risk.

- Selection: Identify five or six affected communities, defining selection rationale and limitations
- Background: Collect background information on the community, the emergency and the response
- Discussion guides: Define key questions to be addressed in case studies
- Protocol: Consider data collection techniques: Key informants, Visit projects and events, hold impromptu or organized focus group discussions, establish tent in central location and invite conversations, consult officials
- Preparation: Consult on matters of access, security, transportation and timing with OCHA in CAR
- Facilitator: Identify and engage appropriate facilitator/translator, as necessary
- Plans: Prepare a one-page case study plan for sharing with the team and OCHA
- Arrange: Arrange 2-3 night visit to the community, including transportation, necessary permissions, accommodation, and contacts
- Conduct: Conduct and transcribe 9-12 detailed conversations with key informants, ensuring appropriate balance of age, gender, vulnerability
- Report: Prepare five-page report addressing key questions

Data analysis

74. In addition to analysis of survey (polling) questions, it may be necessary to conduct some analysis of data compiled on the interagency response. This may include financial data, results and timeliness, or data about human resources. We will identify opportunities for data analysis during the document review and mission to CAR.

Reporting

75. Once data is collected and detailed findings reached using each method, we will conduct a synthesis exercise and prepare the final report

- Debriefing: Present preliminary findings to HCT and IASC WG/EDG
- Collation: Collate detailed findings by sub-question from each method
- Deliberation: Analysts meet to deliberate on overall findings
- Analysis: Analyse using method triangulation
- Drafting: Report synthesis findings in draft report for each core question
- Zero draft: Submit zero draft
- Conclusions: Prepare conclusions drawing out the main overall themes
- Recommendations: Propose recommendations for development/dialogue with stakeholders
- First draft: submit first draft
- Validation: Share draft report for validation
- Feedback: Address feedback and prepare a feedback matrix

- Production: Produce final report: annexes, methodology, proofread
- Quality: Quality control Substantive review and edit
- Final report: Submit finalized report
- IAHE Feedback: Submit feedback report on IAHE Guidelines
- Presentation: Present findings to HCT and IASC WG/EDG

Quality assurance

76. We will assure the quality of the evaluation report according to the UNEG Norms and Standards for Evaluation and the OCHA Quality Assurance System for Evaluations. In addition, we will produce the report in a process that reflects the joint assessment of team members, deliver reports in Standard English according to the United Nations conventions, and edit the document to publication standard.

Evaluation Report

The Evaluation Team will produce a single report, written in a clear and concise manner that allows readers to understand what are the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of:

- Executive summary of no more than 2500 words;
- Table of contents;
- Summary table linking findings, conclusions and recommendations, including where responsibility for follow up should lie;
- Analysis of context in which the response was implemented;
- Methodology summary – a brief chapter, with a more detailed description provided in an annex;
- Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations;
- Annexes will include: (1) ToR, (2) Detailed methodology, (3) List of persons met, (4) Details of qualitative and quantitative analysis undertaken, (6) Team itinerary, (7) All evaluation tools employed, (8) List of acronyms; and (9) Bibliography of documents (including web pages, etc.) relevant to the evaluation; (10) Assessment of the usefulness of the IAHE guidelines and process and main recommendations for their improvement.
- For accuracy and credibility, recommendations should follow logically from the evaluation findings and conclusions, and be:
 - Categorized as a) Critical, b) Important, or c) Opportunity for learning.
 - Relevant, realistic and useful and reflect the reality of the context;
 - Specific, measurable, clearly stated and not broad or vague;
 - Realistic and reflect an understanding of the humanitarian system and potential constraints to follow-up;
 - Suggest where responsibility for follow-up should lie and include a timeframe for follow-up.
- The draft report will be reviewed by the IAHE Management Group and the in-country Advisory Group. The final version will be cleared by the IAHE Steering Group prior to dissemination.

Section 7. Key Deliverables

We undertake to deliver the following outputs by these dates:

- Inception report: 26 June
- Field mission: 14 July-7 August
- Preliminary findings/Mission debrief 6 August
- Preliminary findings presentation to the IASC Working Group second half of August
- Zero draft: 11 September
- First draft: 25 September
- Feedback matrix: 15 October
- Finalized report: 26 October
- IAHE Feedback: 26 October.

Section 8. Work Plan

This section presents our proposed work plan, designed to implement the evaluation according to the above specifications.

		Data Collection							Analysis				Reporting						
milestones																			
week ending		3-Jul	10-Jul	17-Jul	24-Jul	31-Jul	7-Aug	14-Aug	21-Aug	28-Aug	4-Sep	11-Sep	18-Sep	25-Sep	2-Oct	9-Oct	16-Oct	23-Oct	30-Oct
method	task																		
Document review	assessment																		
	define sample																		
	review																		
	report																		
	share																		
Stakeholder surveys	discussion guides																		
	survey design																		
	protocols for each stakeholder group																		
	evidence matrix																		
Global survey	sample frame																		
	arranging																		
	interviews																		
	polling																		
	transcription																		
	storing																		
	analysis																		
	reporting																		
CAR survey: UN, INGO, national actors, representatives	sample frames																		
	arranging																		
	interviews																		
	polling																		
	transcription																		
	storing																		
	analysis																		
	reporting																		
Case studies	selection																		
	protocol																		
	discussion guides																		
	background																		
	preparation																		
	facilitator?																		
	plans																		
	arrange																		
	conduct																		
	report																		
Data analysis	results and timeliness																		
	financial data																		
	HR																		
	polling data																		
	tabulation																		
	analysis																		
Synthesis	charts and graphs																		
	collation																		
	deliberation																		
	analysis																		
	drafting																		
	zero draft																		
	conclusions																		
	recommendations																		
	first draft																		
	validation																		
	feedback																		
	production																		
quality																			
final report																			
Dissemination																			

Annex 1: User-focused objectives

This table shows how we aligned multiple requirements to shape user-focused objectives.

Users	IAHE Guidelines	TOR	TOR/users	Proposed user-focused objective
accountability to stakeholders: mainly OS to GS, AP	<p>To ... promote accountability towards donors, national governments and affected people.</p> <p>help foster a sense of collective accountability</p> <p>1) in-country responders to demonstrate accountability and ensure that learning from the evaluation is used in future responses and/or to adapt the on-going response; 2) humanitarian leaders to gain evidence and further insights on high-stake challenges; 3) national governments and Member States to adapt and evolve response policies and plans regarding national and multilateral humanitarian action; 4) affected people to learn about what worked and what did not work in the response, and develop their own communication and advocacy strategies.</p>	<p>an independent assessment of results of the collective humanitarian response</p> <p>evaluate the extent to which planned collective results have been achieved</p> <p>First, it will provide an independent assessment of the extent to which planned, and relevant collective objectives set in the 2014 SRP to respond to the needs of affected people have been met, as to the extent possible those set in the 2015 SRP.</p> <p>Results: Assess to what extent the collective response to the emergency met objectives as established in the 2014 SRP and revised 2015 SRP addresses gaps, challenges and lessons from the previous one;</p>	<p>The primary users of the IAHE will be the HC and the HCT, which will use the results to ensure accountability and learning for the on-going response.</p> <p>The IAHE is also expected to generate information and analysis relevant to actors engaged in the on-going response, including local, national and donor stakeholders.</p> <p>The audience and potential users of the evaluation also include donors, the CAR authorities, regional stakeholders, and other national responders, and affected population, which might use the evaluation results for learning, awareness and advocacy purposes.</p>	<p>To conduct an independent assessment of collective results (and overall assessment of interagency response) in order to provide collective accountability to (incl. a basis for dialogue among) all stakeholders, in particular affected population, the CAR government, and global stakeholders (donors).</p>
humanitarian learning:	to strengthen learning	Needs assessment: Assess how effectively humanitarian needs were identified and prioritised, including the associated	The primary users of the IAHE will be the HC and the HCT, which will	To assess how key response mechanisms (i.e. inputs and

mainly OS, GS	<p>[help foster] ... system-wide strategic learning,</p> <p>1) in-country responders to demonstrate accountability and ensure that learning from the evaluation is used in future responses and/or to adapt the on-going response;</p> <p>2) humanitarian leaders to gain evidence and further insights on high-stake challenges;</p>	<p>coordinated needs assessments processes, and to what extent the collective response adequately met those needs;</p> <p>Lessons: Capture lessons learned and good practices in order to enable collective learning from this humanitarian response, including regional coordination, protection issues and strategies; and,</p> <p>Secondly, the evaluation aims to assess the extent to which response mechanisms, including the HPC and other key pillars of the Transformative Agenda have successfully supported the response, and recommend improvement-oriented actions.</p> <p>Evaluate...how humanitarian reform efforts have contributed to that achievement [achievement of results].</p>	<p>use the results to ensure accountability and learning for the on-going response.</p> <p>The secondary users of the IAHE are the IASC Principals, the IASC Working Group and Emergency Directors group, who are expected to use IAHE results and lessons learned as part of their overall monitoring strategies on key strategic issues at the global level, policy-making and conceptualization of the approach to future emergencies.</p>	<p>outputs / HPC and pillars of the Transformative Agenda) contributed to results, in order to capture lessons (and good practices) for operational and global stakeholders</p>
Strategic direction: mainly OS	<p>An OPR designed to be a light, brief and collaborative process, undertaken by peers. It is not intended to measure results or the impact of the response.</p>	<p>Recommendations: Provide actionable recommendations at both the policy and operational levels on how collective response mechanisms might be strengthened, particularly in light of challenges on the ground, including assess and security challenges, as well as changes at the policy level such as the Humanitarian Program Cycle and the three pillars of the Transformative Agenda.</p>	<p>Findings from the IAHE may, where relevant, identify areas that need to be addressed to improve the response. Evaluation results³⁶ are expected to inform the preparation of 2016 SRP or the revisions of other plans as appropriate.</p>	<p>To provide policy recommendations to IASC and practice recommendations to the HCT, in order to inform preparation of SRP 2016 and enable key improvements</p>
IAHE		<p>The evaluation will also constitute an opportunity to test the recently approved IAHE guidelines, and provide feedback on the appropriateness of the guidelines, their application, and the IAHE process in the context of CAR, and suggest possible ways to improve them.</p> <p>Provide feedback on the usefulness of the scoping and planning exercise, as well as determine whether the findings and recommendations made sufficiently facilitated the undertaking of the IAHE.</p>		<p>To provide feedback on IAHE guidelines, and their applicability/appropriateness for CAR response</p>

³⁶ Either as a preliminary draft of the evaluation report, or a final version.

Annex 2: Evaluation stakeholders

This table shows our assessment of evaluation stakeholders, according to power and interest, before plotting on the Stakeholder map (Figure 3).

	Power: what the evaluation needs from them...								Interest: what they want from the evaluation...													
	process facilitation	political engagement	validation of design/inception	formal approval of inception report	participation in consultation	validation of preliminary findings	validation of draft/comments	implementation of recommendations	formal approval of final report	total	shaping of recommendations	quality process and products	shaping of design/methodology	contribution of views	use of results/findings	learning lessons/building on strengths/addressing weaknesses	measuring success	offering accountability to stakeholders, including overall and specific assessments	informing SRP 2016	recognition of success/safeguarding reputation	total	
In Country Advisory Group	1		1	?		1	1		?	4		1	1									2
HC/HCT	1	1			1			1		4	1			1	1	1	1	1	1	1	1	8
CAR govt	1	?			1				?	2	?			1	1	1	1		1			5
IAHE Management Group	1		1	1		1	1		1	6		1	1									2
IASC emergency directors					1				1	2	1			1	1	1	1	1	1	1	1	8
IASC principals	1	1							?	2				1	1	1	1	1	1	1	1	7
INGOs					1				1	2	1			1	1	1	1	1	1	1	1	8
major donors		?			1				1	2	1			1	1	1	1	1	1	1	1	8
IAHE directors									1	1	1	1	1	1	1	1						6
affected population/s					1				?	1	?			1	1	1			1			4

Annex 3: Key themes

The Terms of Reference present eight top-level key issues that the evaluation should address. These were identified during the scoping and planning mission through inputs provided by primary and secondary stakeholders. The key issues include:

Protection: Protection is critical in the CAR context and a priority of the 2014 and 2015 SRPs. Protection is a key element around which the humanitarian intervention in the CAR should be structured. The scoping study recognised that the IAHE should analyse the relevance, quality and results of specialized protection actions and specifically child and gender protection (e.g. Protection from Sexual Exploitation and Abuse – (PSEA), psychosocial support services, and services provided to victims etc.). The scoping mission identified a global feeling of frustration among humanitarian actors regarding protection. Many consider that in CAR there is more a “doctrine of needs” when it should be a “doctrine of rights”, and that consequently the greatest achievements in CAR, by far, has been relief, not protection. Actors interviewed during the mission explained that it is commonly known that violence against children and women is huge in CAR but that data and a baseline are missing, and that in the end “no one really knows what one is talking about³⁷”. Another major limitation to better understand protection issues is the lack of access to affected populations due to security reasons but also the absence of specialized staff deployed at field level.

Most humanitarian actors interviewed claimed that it was difficult to integrate protection components to their programme design because of staff competence and limited time. The absence of clear integration of protection as a mainstreaming element in the response was sometimes attributed to the lack of vision and strategy at coordination level and more specifically at Inter-cluster coordination (ICC) level given it “doesn’t have an understanding of the multi-dimensional aspects of protection³⁸”.

Accountability to Affected People (AAP): An important objective of IAHEs is to enhance accountability to affected people through the provision of feedback on the results of the response to affected communities. The scoping and planning mission found that accountability to AAP had not been sufficiently taken into account in the humanitarian response at a strategic level and community level. This is due to the volatile security situation and ensuing population movements but also the lack of experienced staff and resources of the humanitarian community.

The IAHE should evaluate how the absence of a strong AAP expertise and practice in CAR could be considered as an opportunity to build from scratch a solid and realistic interagency approach.

The IAHE should identify information needs and communication gaps and work on how information provided to affected population fits with accountability concerns and standards.

The evaluation should also identify possible links between humanitarian actors on AAP and Communication with Communities in order to identify and develop future collaboration and resource sharing opportunities. An analysis of information related to cross cutting issues, such as protection, gender and access should be explored in order to investigate more/institute its efficient use. It should also explore how accountability issues have been included into monitoring and evaluation processes, and identifies how community consultation could be achieved.

³⁷ CAR interview. February 2015

³⁸ CAR interview, February 2015

Resilience: In CAR resilience is very often associated with early recovery or transition. Resilience is therefore assimilated to an approach to better articulate emergency and development phases. In this sense, humanitarian actors interviewed suggested that the IAHE should look at the collaboration, interaction and synergy between emergency and development structures and mechanisms. The evaluation should also help defining how joint analysis could contribute to longer-term planning and to improved relationships between organizations working across the whole spectrum, from immediate relief to longer-term development.

The Level 3 opportunities and challenges: people interviewed acknowledged the positive role that the L3 declaration has played in increasing attention to the crisis in CAR, thus contributing to a higher presence of international actors and funding. However, there are concerns about the sustainability of the current funding level and programmes without a longer term strategy that aims at rebuilding the country in all aspects. Interviewees expressed frustration for the lack of a vision and a plan for an “exit strategy” from the L3. Most interviewees strongly recommend that the IAHE also looks at how the response has considered longer term issues, including a viable exit strategy. The IAHE could help develop a “L3 exit strategy” and ensure that the positive L3 impact is sustained beyond the L3 deactivation.

Access to affected people: The conflict has had severe effect on the ability of humanitarian partners to access affected people due to safety and security constraints. Humanitarian activities are hampered by the challenging physical environment and growing violence against aid workers, a number of organisations have temporarily suspended operations in some areas. In this context, access and dissemination of information is very challenging, aid organizations have difficulty tracking populations whereabouts.

Humanitarian space in an integrated mission: The UN integrated mission in CAR is both seen as having positive as well as negative effects on the humanitarian operation. A key concern is the perception by the local population about the neutrality and impartiality of humanitarian aid.

The IAHE should analyse the impact of this situation and the communication strategies developed to avoid potential confusion of mandates between the political, military and humanitarian mandates, and associated risks.

Capacity to respond: Most UN agencies and NGOs present in CAR have undergone high staff turnover. During the last 7 years, only 15% of UN Head of Missions has remained for longer than 6 months in the country. This high staff turnover is highlighted as a risk in terms of aid performance, capacity of absorption of organizations, decentralization of programmes and loss of institutional memory. The IAHE should help identify the multiple constraints (human resources, financial, cultural, communication, general conditions etc.) that explain this situation.

Special attention to communities at risk: religion and ethnicity have been manipulated by all belligerent parties to the conflict for political agendas, including the use of violence to attain, maintain or expand power. Humanitarian actors interviewed during the scoping mission maintained that the evaluation should pay special attention to communities at risk, including ethnic and religious minorities, as addressing their humanitarian needs requires not only a stronger protection component as stated above but also a context (and conflict) sensitive approach. (See TOR Version 15 June)

Annex 4: IAHE consultation

At the inception phase, we engaged with IAHE members to explore what contributions the evaluation might make to IAHE Guidelines, how the evaluation could maximize its utility to IAHE members, and what lessons could be drawn from the methodology of previous IAHEs. To this end, we consulted heads of evaluation from UNICEF, UNHCR, and FAO; evaluation experts from WFP and the IAHE Management Group; notes taken from the team leader of the IAHE Philippines, and an external expert closely involved with IAHE Philippines and South Sudan. Here is a summary of advice collected and questions raised. This consultation is intended to complement the scoping mission undertaken at the country level.

Feedback on IAHE guidelines: Recognizing that the IAHE remains a pioneering or innovative approach, CAR IAHE should provide feedback on IAHE Guidelines. Which parts are useful or not? What parts are missing? What added value to HPC? What added value of impact pathway? What added value of scoping mission? Was information and documentation adequately prepared and provided? Feedback will be provided to contribute to an ex-post discussion led by IAHE, and not part of the evaluators' assessment.

Appropriateness of Transformative Agenda and IAHE Guidelines to conflict: CAR IAHE should consider applicability of IAHE Guidelines to conflict and chronic emergency. The Transformative Agenda and L3 Protocols were designed for sudden and natural disasters type, but most L3 crises today are not of this type. Protocols were appropriate in Philippines but not appropriate in Syria, where government denies emergency and clusters activation. CAR IAHE and South Sudan IAHE offer the first chances to evaluate L3 in a conflict situation. How appropriate was the international approach/IASC protocols, and how applicable is the impact pathway? How appropriate was the mind set or short-term assumptions in the response, given the conflict is likely to endure for some time?

Emphasis on results: CAR IAHE should emphasize results, in particular at the 'higher' level (i.e. strategy, policy and coordination, and above sectors), effectiveness and achievements in broad terms, and 'the big picture'. It should present a message to the global public about 'what the UN as a whole achieved, by our analysis,' and shape a common understanding among stakeholders. It should recognize challenges in defining what is meant by results, how they can be measured, and their sometimes fleeting nature. It should recognize the scarcity of data about outcomes, and manage the risk of data scarcity pulling the evaluation towards process. It should avoid too much self-referential focus on UN processes. It should make use of on-going data collection initiatives (such as the Cluster surveys to feed/report on the Cluster Performance Plans). It should consider lessons from the IAHE Philippines about enabling results: build on cluster monitoring, representative sampling, monitor for decision-making, and adapt tools for baseline description and monitoring. It should assess how IASC policies translate at country level?

IASC Management Response: CAR IAHE should invite an IASC management response. It could urge OCHA to mobilize high-level attention to the recommendations and spearhead a formal management response from IASC emergency directors. Agencies have remained focused on their own activities and have not taken on previous IAHE recommendations.

IASC Learning: CAR IAHE should contribute to IASC learning, by providing lessons on the application of IASC policies in CAR and other conflict situations and by showing how IASC decisions affect people in CAR. Such lessons may be as important as recommendations, if they contribute to structured learning processes. However, while agencies have their own learning processes of continual learning, where emergency sections take on findings from evaluations, the IASC lacks an effective learning process, to bring together OPRs and Emergency Director Missions, and an expected synthesis of IAHE findings.

Consider counterfactuals: CAR IAHE should consider the counterfactuals: What would have happened if the response had worked through existing structures instead of L3-supported parallel structures? What would have happened if the response had relied on a lead agency model instead of the coordination model?

They raised other questions:

- Where have been the weaknesses in coordination?
- Was the UNDSS too restrictive or risk-averse?
- What were the wider challenges in physical, material, and/or legal protection?
- What more could have been done to contribute to transition?
- What lessons can be learned about resilience?
- What lessons can be learned about access?
- By what authority does HCT and humanitarian actors operate?

Engage beneficiaries: Engage beneficiaries as far as possible; use systematic qualitative approaches; avoid household surveys or impact assessments; avoid insufficient box-ticking exercise; case studies approach seems right; consider use of anthropology in methodology or as recommendation

Manage expectations: CAR IAHE should manage expectations that IAHE will cover the sectors where they lead, provide agency-specific findings or return on investment, assess results in relation to specific mandates or coverage of pre-defined population groups.

Practical planning: CAR IAHE team is advised to strengthen practical planning of field mission; approach stakeholders independently; engage with M+E people; harmonize with other ongoing assessments; beware of HCT evaluation fatigue; and define dissemination plan for report.

Smooth process: CAR IAHE management group should ensure a smooth deliberative process in managing member validation and feedback. Evaluators may propose best approaches to avoid decisions by committee that result in sub-optimal decisions.

Annex 5: Evaluation matrix

	KEOs	Sub-questions	judgment criteria, standards, guidelines, good practices	sources	methods	analysis	strengths/limitations
Results	To what extent are SRP objectives appropriate and relevant to meet humanitarian needs?	To what extent were SRP objectives relevant to the needs of the affected population?	results, indicators, impact pathway	interagency monitoring information (strategic level), stakeholder ratings, AP explanations, agencies data(?)	DR, DA, GS, OS, AP(?)	source triangulation, method triangulation	S: high confidence in evaluation important narrative/ethnographic input from AP, to compare with institutional monitoring L: depends on detailed monitoring, most M+E at cluster/sector level; general lack of data in CAR lack of monitoring of outcomes, impact etc
	To what extent are the results articulated in the Strategic Response Plan achieved? and	To what extent were SRP strategies appropriate to priorities of the affected population?					
		To what extent have strategic objectives been achieved, or are likely to be achieved, within the SRP timeframe?					
		How successfully have civilians been protected, particularly women and children, and their basic rights upheld? (physical, legal, material) How adequate was coverage?					
	What were both the positive and potentially negative outcomes for people affected by the disaster?	Which, if any, of the intended IAHE outcomes and impact indicators been achieved, with a view to achieving longer-term impact?					
Coordination	Was the assistance well-coordinated, successfully avoiding duplication and	To what extent did the response avoid duplication? To what extent did the response fill gaps?	IASC coordination principles/guidance/indicators	OS: UN, INGO, govt; maybe GS can assess	stakeholder survey; DR; data	source triangulation	S: focus on very clear indicators W: limited focus on coordination per se, interest in results etc
Process	To what extent were IASC core humanitarian programming principles and guidance	To what extent did the response avoid duplication? To what extent did the response fill gaps?	IASC/L3 standards/protocols/guidelines/tools, stakeholder narratives, impact pathway	GS/standards; OS practice,	DR, IDI/Gs+OS	source triangulation, method triangulation	S: multiple views of informed stakeholders GS assessment of OS is critical, as GS maintain standards etc W: how clear/applicable to chronic emergency/protracted conflicts are the protocols, guidelines etc? Assessing process requires technical knowledge/institutional stake; lack of qualified objective stakeholder perspectives AP unlikely to know about this; NGO, Govt not accountable to IASC?
	What contextual factors help explain results or the lack thereof?	Which aspects of the process contributed most to overall effectiveness? How well applied was the L3 mechanism? How well applied was the Humanitarian Programme Cycle (HPC) How well applied were IASC programming principles and guidance on preparedness? How well applied were IASC programming principles and guidance on needs assessment? How well applied were IASC planning tools?					
	have systems been established to measure their achievement	To what extent have monitoring systems been established to measure achievement of SRP strategic objectives? How well applied were IASC monitoring tools? How well applied were IASC principles and guidance on evaluation? How well applied was guidance on empowered leadership? To what extent was the response accountable to affected people? How well did the response act to secure access and maintain humanitarian space in an integrated mission?					
Connectedness	To what extent have national and local stakeholders been involved and their capacities strengthened through the response?	To what extent have national and local stakeholders been involved in the response? To what extent have national and local capacity been strengthened by the response? To what extent did short term emergency response take into account longer term development? To what extent was resilience considered in the response? How well did the response ensure a conflict-sensitive approach?	AP perceptions, esp govt; impact pathway; IASC protocols/tools	AP vs OS	stakeholder narratives, DR, data analysis(?)	source triangulation, method triangulation	S: triangulation of OS and AP W: not much clear IASC guidance on these matters; conflict of interests(?)
IAHE		How appropriate are the IAHE guidelines for evaluating the CAR response?	IAHE guidelines, ALNAP criteria, impact pathway	IAHE consultation	IAHE consultation	analyst triangulation	S: guidelines evolved from IAHE process, learning(?) guidelines informed by conflicts: Syria, South Sudan etc; W: IAHE not geared toward conflict, though now becoming more important than natural disasters