EVALUATION OF THE COMMON HUMANITARIAN FUND

Country Report: CAR

On Behalf of OCHA

Draft 27 February 2011

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ACKNOWLEDGEMENT

The team gratefully acknowledge the assistance provided by the OHCA team in Sudan, and especially to those staff members who accompanied the team on site visits. The team would also like to thank all of those who answered their questions and those who provided additional information.

Finally the team would like to recognise the contribution made to this report by those providing comments on the earlier draft.

This document has been prepared by Channel Research as part of the Evaluation of CHF, under commission from OCHA.

This document is public and can be disseminated.

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EXECUTIVE SUMMARY

This report, prepared is one of the three country reports (CAR, DRC, Sudan) of the Common Humanitarian Fund (CHF) evaluation, for which a global synthesis report will be produced.

It assesses “how and to what extent has the CHF contributed to improvements in the humanitarian community’s ability to address critical humanitarian needs in a timely and effective manner” since its introduction in CAR end of 2008. It follows a two weeks mission in CAR, which took place from the 6th till the 21 October 2010.

CHF achievements

108 projects have been funded by the CHF in CAR since 2007 for a total amount of US$ 49.6 million. The CHF allocation for 2010 amounts to US$ 10 million (12 US$ million in 2009). 25 new projects have been initiated in 2010 (65 in 2009). Sectors addressing primary needs (water, health, food security / nutrition) are the core of the allocation. Overall, CHF funded activities are part of larger projects and they are not different from those implemented through other funding channels. Those interventions cover the traditional humanitarian and early recovery type of activities.

The CHF in CAR has helped improve the international community’s ability to address critical humanitarian & early recovery needs. The fund is operational, in an open and flexible way. It also complements usefully other funding sources such as CERF, PBF, ECHO, EuropAid funding, some of which require complementary funding. As CHF allocations are decided entirely at the country level, they provide a better response to local specific needs.

In addition the CHF helps to maintain NGOs presence in the country. The Fund has also facilitated access to donors which do not consider CAR as a priority country for their cooperation, such as the current donors, Ireland, the Netherlands, the United Kingdom and Sweden.

The CHF contributes significantly to enhance coordination within clusters, as many NGOs and agencies do participate, even those who do not benefit from the Fund (such as ECHO, French cooperation, ICRC, MSF). CHF is an incentive for NGOs to attend clusters in the hope of benefitting from CHF funds. The HC’s role is therefore reinforced, as he has the final say in the allocation process.

CHF challenges

The size of the CHF remains limited and is smaller in 2010 (10 million US$) than in 2009 (12 million US$). Difficulties remain in the allocation process and in terms of monitoring and evaluation. At the time of the evaluation mission in October 2010, the evaluation team found a lack in terms of inter-cluster, integrated (area based) approach. ¹

¹ According latest information provided by OCHA in Bangui end of 2010, this was acknowledged and further analysed since then. As a result, the last allocation process (December 2010-January 2011) have been critically revised so as to favour area based integrated projects.
Local ownership is weak, both at the local NGOs and at the government levels. Efforts are being made, including by OCHA to take national NGOs on board despite critically low capacities. There are now an average five local NGOs that receives CHF support either directly or through partnership with INGOs.

It appears also that projects seem rather based on NGOs’ own assessment and response capacity rather than in depth, area based, needs analysis. The evaluation found there was a lack both of formal criteria for needs assessment and a lack of systematic consultation with the beneficiaries in the project selection process.

Main recommendations (as of end of October 2010)

<table>
<thead>
<tr>
<th>Recommendations (detailed in section 8)</th>
<th>For action by</th>
<th>Relevant sections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CHF should be maintained and developed in CAR, as it is a major player in a country with such limited assistance from the international community.</td>
<td>donors</td>
<td>3.1</td>
</tr>
<tr>
<td>2 Cross-sectorial and area based needs assessment should be improved. Need to establish comprehensive strategy papers (identifying priority needs) per sector and per areas.</td>
<td>AB, CL, CCL, OCHA</td>
<td>3.2</td>
</tr>
<tr>
<td>3 More in depth monitoring &amp; evaluation and needs assessments are necessary. (Action: Advisory Board, OCHA, HC, technical Ministries)</td>
<td>AB, OCHA, HC, Ministries</td>
<td>3.2</td>
</tr>
<tr>
<td>4 The link between the management of the three UN funds (CERF, CHF, PBF) should be reinforced.</td>
<td>HC, AB, OCHA, &amp; UNDP</td>
<td>5</td>
</tr>
<tr>
<td>5 The 2009 NGOs mapping describing who is doing what where needs to be updated</td>
<td>OCHA</td>
<td>-</td>
</tr>
<tr>
<td>6 The humanitarian website (which includes information on CHF) should be updated and a website specialist should be deployed</td>
<td>OCHA HQ</td>
<td>6</td>
</tr>
<tr>
<td>7 OCHA should take a more proactive role in the process of increasing local NGOs involvement and facilitate their partnership with INGOs. Projects funds could be allocated to cover the INGOs training and supervision costs</td>
<td>OCHA</td>
<td>4.1, 6</td>
</tr>
<tr>
<td>8 Nutrition issues are closely interconnected with health.</td>
<td>OCHA</td>
<td>2.2</td>
</tr>
</tbody>
</table>

2 AB: Advisory Board (OCHA, Cluster leads and co-leads, HC, external advisors such as ECHO and the French cooperation)
3 CL: Cluster lead; CCL: Cluster co-lead
4 HC: Humanitarian Coordinator
5 www.hdptcar.net
6 According to latest information available from OCHA Bangui after the evaluation mission in October 2010, an Information Management Officer has been recruited since then, who will take such issue as a priority early 2011
9. **OCHA, Unicef and WHO should consider merging these clusters.**

   **Unicef, WHO**

10. **Training should be provided on a more systematic basis on cluster coordination, meeting management and project cycle management, including evaluation.**

   **OCHA, UN agencies**

11. **To increase the strategic role of the Advisory Board that could have, under the HC, the final say on which project should benefit from the CHF.**

   **HC, AB, CL, CCL**

12. **There is a need to establish comprehensive strategy papers (identifying priority needs) per sector and per areas.**

   **CL, CCL, OCHA**

13. **In terms of funding of the CHF overall management, a global envelope covering these costs could benefit not only UNDP but also OCHA.**

   **Donors, UNDP, OCHA**

14. **The single UNDP staff member dealing with the financial project monitoring in Bangui should be assisted by a minimum of one further staff member.**

   **UNDP**

15. **OCHA should not compete to access CHF fund through clusters. Financial support to OCHA should therefore be completely separate from the clusters allocation process.**

   **Donors, OCHA**

16. **OCHA and UNDP should prepare a CHF Procedures Manual for NGO (covering operational framework, decision making process, budget administration), with UNDP covering the financial section.**

   **OCHA, UNDP**

17. **Improve Government ownership through the provision of support to the “Secretariat Permanent des ONG”, the Ministry of Plan led NGO co-ordination group.**

   **OCHA, UNDP**

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7 OCHA Bangui commented this proposal by mentioning that the situation has changed since the evaluation: “as of December 2010, the clusters technically screen the submitted projects, propose then to an inter-cluster which provides the AB/HC with recommendations. Supported by OCHA, the HC makes the final decision with strategic perspective rather than a cluster approach.”
MAP SHOWING AREAS VISITED BY THE TEAM
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## ACRONYMS

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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AMI</td>
<td>Aide Médicale Internationale (NGO)</td>
</tr>
<tr>
<td>CAR</td>
<td>Central African Republic</td>
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<tr>
<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<tr>
<td>CHF</td>
<td>Common Humanitarian Fund</td>
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<tr>
<td>CPJP</td>
<td>Convention des patriotes pour la justice et la paix</td>
</tr>
<tr>
<td>DHC</td>
<td>Deputy Humanitarian Coordinator</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
</tr>
<tr>
<td>DRC</td>
<td>Danish Refugee Council</td>
</tr>
<tr>
<td>ECHO</td>
<td>Humanitarian Aid department of the European Commission</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<tr>
<td>GHD</td>
<td>Good Humanitarian Donorship</td>
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<tr>
<td>HC</td>
<td>Humanitarian Coordinator</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HDPT</td>
<td>Humanitarian and Development Partnership Team</td>
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<tr>
<td>HQ</td>
<td>Head Quarters</td>
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<tr>
<td>IDP</td>
<td>Internally Displaced People</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non Governmental Organisations</td>
</tr>
<tr>
<td>LRA</td>
<td>Lord’s Resistance Army</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MSB</td>
<td>Swedish emergency relief agency (ex SRSA)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisations</td>
</tr>
<tr>
<td>NRC</td>
<td>Norwegian Refugees Council</td>
</tr>
<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>PBF</td>
<td>Peace Building Fund</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNCT</td>
<td>United Nations Country Team</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
</tbody>
</table>
1 METHODOLOGY SUMMARY

This section provides a brief summary of the methods used by the evaluation team. An annex presents a more detailed description of the approach and the tools used.

This report, prepared by two independent consultants, is one of the three country reports (CAR, DRC, Sudan) of the Common Humanitarian Fund (CHF) evaluation, for which a global synthesis report will be produced.

This evaluation report assesses mainly “how and to what extent has the CHF contributed to improvements in the humanitarian community’s ability to address critical humanitarian needs in a timely and effective manner” in CAR. It follows a two weeks mission in CAR, which took place from the 6th till the 21 October 2010 and a one day briefing at OCHA in Geneva on the 8th September 2010.

This country report covers the effects of the CHF since its introduction in CAR end of 2008. Interviews were held with the support of a detailed questionnaire covering the impact and the implementation modalities of the CHF.

The report is based on literature review, documents analysis, individual and group interviews. The documents review included past CHF evaluations in DRC and Sudan.

Preliminary findings were presented to and discussed with the OCHA Head and Deputy Head who is also the CHF Manager in Bangui.

The team conducted mainly face-to-face semi-structured interviews with the HC, OCHA, UNDP staff involved in fund management, UN agencies, Cluster leads and co-leads and NGOs (international and local). Due to the relatively limited number of INGOs operating in CAR (around 24), the team could manage to interview almost all of them.

The evaluation team is very grateful for the time and availability of the persons interviewed and the strong logistical support they received from OCHA staff for setting up appointments while providing transport and field accommodation.
2 OPERATIONAL CONTEXT OF CHF

Country Context

The Central African Republic is ranked 159th out of 169 in 2010 in the human development index (after Sudan, 154th, and before DRC, 168th).

This extremely low level of development, the lack of infrastructure and the very poor, if any, presence of the state outside of the capital mean that there are regular emergencies which impact on now more than 20,000 to 30,000 people each time. Besides, the diamond mining sector, which represents a significant part of the economy, has been restructured reducing the number of authorized actors. This coupled with the international economic crisis in Western CAR has led to a severe loss of livelihoods means and then increased vulnerability of the population. As a consequence, there are regular nutritional and health crises. Occasional flooding represents the main natural disaster.

The demographic density is extremely low with only 6 inhabitants/km², and out of the 4 million inhabitants, 1 million is directly exposed to conflict. The situation is further complicated by the instability originated from neighbouring countries: Chad, Sudan and DRC, and the resulting arrival of armed groups (rebel and criminal) in CAR territory, and of refugees from DRC and Sudan (around 31,000 people). In addition, some national rebel groups are still active in the North East, while controlling some significant parts of the territory. This has caused internal displacement (an estimated 192,000 people) and the movement of refugees to Chad, Cameroon and Sudan (estimated at 162,000 persons), who are likely to return if the situation becomes stable, as 85,000 returnees recently did.

Human rights abuses of the population have been and are however relatively limited in scale compared to other crisis. Still, the LRA, which was quite localised in South Eastern CAR, has been moving up north in 2010 attacking villages and small cities.

Other violence sources are:

- The so-called “Zaraguinas” (i.e. “road-cutters”), international criminal groups who attack local vehicles.
- Cattle breeders, notably Mbororos and Peuls, and local farmers getting into conflict, in particular during the transhumance. Before the war there used to be specific roads for cattle, but these are no longer respected or clearly defined. In some cases, cattle breeders have burnt villages as a revenge causing local population displacement.
- Large groups of 50/100 heavily armed horse or camel riders coming from Sudan, tracking wild animals to sell meat.

In conclusion, the country is suffering from different types crises of relatively low magnitude, compared to Sudan and DRC, emerging all over the territory both for natural disaster (drought, floods) and political/security reasons. The weakness, often absence of the

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8 According to latest information (beginning of 2011), LRA has since then returned to both South Sudan and South East CAR
State, is a key factor of the overall vulnerability and insecurity. The situation is not homogeneous throughout the country and is very volatile. The need for assistance ranges therefore from emergency relief to early recovery or even longer term development.

**CHF operational context**

In terms of aid flows, CAR has been a forgotten case for a long time and NGOs started to develop and expand their activities in 2008, boosted by OCHA proactive involvement.

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAP (in million $)</strong></td>
<td>91</td>
<td>118.04</td>
<td>100</td>
<td>144.6</td>
<td></td>
</tr>
<tr>
<td><strong>Number of projects in the CAP</strong></td>
<td></td>
<td>112</td>
<td>114</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td><strong>Amount funded (million $)</strong></td>
<td>68</td>
<td>107</td>
<td>75</td>
<td>50</td>
<td>300</td>
</tr>
<tr>
<td><strong>Percentage Funded</strong></td>
<td>75%</td>
<td>90%</td>
<td>73%</td>
<td>43%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Volume of CHF (million $)</strong></td>
<td>25 (ERF)</td>
<td>2.5</td>
<td>12</td>
<td>10.1</td>
<td>49.6</td>
</tr>
<tr>
<td><strong>Number of projects funded by the CHF SA</strong></td>
<td>16</td>
<td>60</td>
<td>21</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td><strong>Number of projects funded by the CHF Emergency window</strong></td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

108 projects (standard allocations and emergency window) have been funded by the CHF (and ERF) in CAR since 2007 for a total amount of US$ 49.6 million (ERF included). The CHF allocation for 2010 amounts to US$ 10 million (12 US$ million in 2009). 25 new projects have been initiated in 2010 (65 in 2009).

The Emergency Response Fund (ERF), which ran from April 2007 to June 2008 transformed into CHF during the second half of 2008 following the decline of the humanitarian situation with the objective of adopting faster and more effective responses to the population needs, based on the priorities identified.

CAR also benefits from CERF funding (25 million USD since 2006, including USD 9.5 million for the rapid response window and the rest from the underfunded crisis window) and the

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9 Figures from FTS (as of 18 November 2010) making CAR first of the top 5 underfunded appeals.
10 ERF converted into CHF in September 2008, date of the first CHF allocation in CAR. The amount mentioned in 2007 is part of the ERF.
11 SA: Standard allocation

As per the IASC directives, the Humanitarian Coordinator has organised a humanitarian committee beginning of 2010, which aims to define a humanitarian strategy for CAR. This complements the work of the CHF advisory board. As stakeholders are on limited number, advisory committees and coordination groups include the same participants. There are on average 23 INGOs operating in CAR since 2007.

France and the USA are with the European Union (European Commission and ECHO), the only traditional donors present in CAR, with limited staff, and they don’t contribute to the CHF. They favour instead bilateral cooperation with their own technical expertise12.

Some joint needs assessments have been undertaken in 2008, and coordination of humanitarian assistance is organized around the Humanitarian and development Partnership Team (HDPT) managed by OCHA13. Projects getting CHF allocations are selected initially out of the CAP (for more detailed allocation procedures, see under 3.4 under Processes and Inputs). The CHF plans for 2 allocations per year and also has an Emergency funding window that is hardly known by the NGOs (which is also related to the high staff turnover among them), although it represents 10% of the total funding. So far there have been 5 CHF allocations (see chart below).

Joint need assessments have been undertaken since 2008 and the coordination of humanitarian assistance is organized around the Humanitarian and Development Partnership Team (HDPT), managed by OCHA14, which meets every week.

OCHA has two field offices in the towns of Paoua and Ndélé. In Paoua (North-west of the country) is the humanitarian action “hub” and 13 INGOs are operating there. In Ndélé (North of the country), which has been attacked by the rebel group “CPJP”15 in November 2009 and April 2010, the situation is still highly unstable. Five INGOs are operating there (as of October 2010).

Projects used to be of a reduced size in the first allocation, often less than 100 000 USD, which increased afterwards. In the last allocation, it was decided that projects could not be under 150 000 US$ in value, except for those submitted by local NGOs.

The chart below shows the average size of the projects:

<table>
<thead>
<tr>
<th>Year</th>
<th>Allocation 1</th>
<th>Allocation 2</th>
<th>201016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average project size (US$)</td>
<td>138 800</td>
<td>158 860</td>
<td>212 050</td>
</tr>
<tr>
<td></td>
<td>243 422</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12 The USAID has few if any programmes in CAR. The Bureau of Population, Refugees & Migration (BPRM) is a key donor, but without representative in CAR
13 www.hdptcar.net
14 www.hdptcar.net
15 CPJP: « Convention des patriotes pour la justice et la paix »
16 As of end of October 2010
This table shows that sectors addressing primary needs (water, health, food security / nutrition) are the core of the allocations. However the division of responsibilities and areas of intervention between clusters is sometimes difficult to establish. Some projects could be classified under “early recovery”, even if they have been selected through other clusters. Nutrition issues are closely interconnected with other clusters, health especially. There are some discussions over the possibility to merge these clusters, as the number of actors operating in CAR is small.

In 2010, nutrition was identified as a priority in the CAP but did not get CHF allocation. Funds were however allocated through the emergency window. According to the CHF concept note, the key allocation criteria are priority needs, funding levels and on the added value of the CHF.

The added value of the CHF includes the ability to fund activities to respond to new humanitarian needs, which have not been included in the CAP. The notion of added value foresees the possibility of supporting underfunded sectors of the CAP.

### 3 RELEVANCE, APPROPRIATEDNESS AND PROJECT QUALITY

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17 Emergency window not included
**Fund Level**

As stated by DFID in a follow-up mission report, “in the absence of many bilateral donor agencies, the CHF continues to play an essential funding role and although the amount available is limited, it is a strong motivational force for coordination”.

The CHF is playing an important role in terms of coordination and adapted response to humanitarian and early recovery related needs. Besides it does complement other funding sources such as CERF, PBF, ECHO, EuropAid funding, some of which requires complementary funding.

As mentioned in the CHF annual report for 2009\(^\text{18}\), the CHF has been critical in adapting the humanitarian response to evolving needs. The flexibility of the Funds and the field level decision making process, allowed the humanitarian community in CAR to respond to emerging crisis as well as to fill critical gaps in areas identified through the CAP process.

According to NGOs, CHF helps to maintain NGOs’ presence in the country. In order to gain credibility and to increase the likelihood of accessing CHF allocations, organizations are more inclined to maintain or to develop a field presence outside the capital. Besides, OCHA field offices facilitate the presence of NGOs field offices.

The Fund has also facilitated access to donors which do not consider CAR as a priority country for their cooperation, such as the current donors, Ireland, the Netherlands, the United Kingdom and Sweden. According to OCHA, at least three donors would not have provided funds to CAR if CHF had not been there. With a CHF budget of US$ 24 million between 2008 and 2010, 97 projects have been supported through this channel.

**Project Level**

*Relevance of CHF projects*

Relevance at the project level is assessed against the overall objective of the CHF which is to help to address critical humanitarian needs.

Following time and security constraints, the evaluation team could not carry out in depth project analysis. The team found however that CHF projects and activities in CAR are relevant as they address very basic and urgent needs in critical situations.

The quality and the relevance of CHF projects do not seem higher or lower than other funding sources (CERF, PBF, ECHO...) as they mostly complement each other’s. CHF funded activities are not specific, being part of larger projects and they are not different from those implemented through other funding channels. In other words, agencies are using different funding sources to implement their activities within the same project or programme. This has been verified in all projects visited covering health, education, protection or early recovery.

\(^{18}\) CHF – CAR, annual report 2009, HDPT CAR
However the CHF has been useful in filling gaps and reducing the limitations of current humanitarian funding, and in particular it has helped NGOs both maintain a strong presence and respond to new emergency needs, in particular those resulting from the IDPs’ movements in the East and in the North and the refugee influx from DRC in the South.

With the help of the CHF, food aid has been delivered to more than 140,000 vulnerable people in 2009. In addition, basic agricultural inputs (seeds, agricultural tools, fertilizers, livestock veterinary service) have been distributed, as many IDPs still have access to their fields. Many IDPs who fled the LRA in the South West of the country still have to rely mainly on external assistance.19

**Health care in crisis situation**

The evaluation team visited projects in the areas of Ndélé and Kaga Bandoro, where the CHF helped to improve access to basic health care through health centres and hospital rehabilitation, provision of medical equipment, medicine and mosquito nets, through training of health workers and the provision of support to the Ministry of Health. The team observed that in the main hospital of Ndélé, the number of medical consultations and treatments, in particular for women and children, had increased greatly following external support. The particular interest of the CHF in this case, is that it had been made available quickly at a critical moment, when the situation had deteriorated and at a time when no other funds were available to respond to new urgent health needs.

In WASH, hundreds of boreholes and wells and latrines have been built or rehabilitated with the help of CHF funds, while maintenance and water committees have been created in schools and village communities. The team visited such projects in the area of Kaga Bandoro. Difficulties in identifying and recruiting technical personnel, which is a recurring problem in CAR, have slowed down project implementation. Still, CHF is being used in this case also as a crucial complement, allowing NGOs to increase their reach and coverage in light of widespread needs.

In education, the main activities funded by the CHF, which were visited in the area of Kaga Bandoro, have included school rehabilitation and the training of parents as volunteer teachers, and these projects have had a conclusive impact in terms of school attendance.

**Protection and quick response**

In protection, CHF projects aimed at the prevention and response to human rights violations providing assistance to people affected by violence through the creation of “legal clinics” (complementary to PBF funds), training on international humanitarian law and human rights law and the provision of social support. The evaluation team visited one such project in the city of Ndélé, where the CHF is funding staff training on human rights and office’s construction work (together with the PBF which is funding other project components). According to the project manager, the key value added of the CHF in this case was also its capacity to respond quickly to such crucial needs.

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19 CHF CAR, annual report 2009
In food security, food assistance has been provided through food for work, food for training and food for seed protection. In addition small livestock has been distributed to vulnerable groups. In nutrition, therapeutic feeding units and outpatient feeding programmes have been set up or supported.

In Early Recovery, rural roads and bridges have been rehabilitated, agricultural tools seeds and equipment have been provided and village banks have been created.

**Road rehabilitation in close collaboration with technical Ministries**

In the area of Paoua, 21 bridges and 40 km of rural road have been rehabilitated with the support of CHF funds through the NGO “Première Urgence”. This has led to significant traffic increase, including with Cameroun, trade development and improvement in terms of security. The project benefitted from the support of the National Hydraulic authority, while using official building standards.

The team met a national NGO in the village of M’bres which is currently implementing a CHF funded income generating project for IDPs, returnees, orphans and people living with HIV. The budget allocated through the CHF amounts to 75,000 US$. According to the information received, the project is being implemented successfully in collaboration with the local representative of the Ministry of Social Affairs.

An interesting project has been initiated in the city of Paoua through the set-up of a “multi-functional platform” aimed at improving added value in transforming agricultural products.

**An inter-sectoral project promoting local economics and gender**

The immediate objective of this multi-functional platform is to provide energy source (generator) that supplies various kind of production equipment (mills, crushers, peelers, welding station etc.). As other CHF projects, this one is funded jointly by the CHF, the EU, the PBF and UNDP. This platform is managed by an association of 350 women. Women who are paying for the processing of their agricultural products declared to the team that it provides great support in their daily tasks. Another service provided is the provision of electricity for mobile and copy service. This project (funded through the early recovery cluster), has an inter-sectorial and community based approach. It takes place in a city, targeting many beneficiaries while reinforcing local economics.

**Regarding the Coordination and Support Service cluster**, the CHF was used in 2009 and on an exceptional basis, to avoid suspension of the humanitarian air service. This would have made access in large areas very difficult due to the distances and road conditions and thereby undermine relief organisations’ intervention capacity. The same year, OCHA has benefited from 400,000 US$ to strengthen the coordination mechanism as well as CHF management. In order to avoid conflict of interest, the Advisory Board recommended however that in the future, a fixed percentage of the yearly allocation of the CHF should be automatically earmarked to support OCHA’s CHF support capacity.  

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20 HDPT CAR, News bulletin, September 28 to October 12, 2009  
21 CHF annual report 2009
Critical points and challenges
The evaluation found that projects are based on NGOs’ own assessment and response capacity rather than on any more in-depth, area based, needs analysis, linked with cluster priorities. Though in many cases, the project identification process starts at the field level through sub-clusters meetings, there is a lack both of formal criteria for needs assessment and systematic consultation with the beneficiaries in the project selection process. As with other funding channels, the consultation process with the population prior to submission of a project proposal seems limited and there are cases where local dynamics have not been taken into account. According to local government officials, “Local Development Plans” developed by municipalities aiming at establishing priority needs, have not been sufficiently taken into account by NGOs during their needs assessment and prioritisation phase. In any cases, most of the CHF funded projects are implemented in areas where local government have merely no safe access due to rebels’ presence.

The evaluation team found cases where goods delivered for water filtration and mosquito nets were either being sold on markets or misused (mosquito nets used as fishing nets or water filters used to produce alcohol).

Some areas such as the South east and the North east remain with little assistance, as security constraints and logistical costs would represent more than half of the budget.

The evaluation team did not receive inter-agency report on joint needs assessment. The last comprehensive needs analysis was drafted in 2008 and has not been updated yet. This analysis is sector based and cluster oriented and it does not include comparative indicators per geographical areas (population number per wells, percentage of children attending schools etc.) The last NGO mapping exercise (or 3Ws) was drafted in July 2009 and needs to be updated.

Gender
Maternal mortality in CAR is higher than in Darfur with rates as high as 1,355 out of 100,000 mothers. The high death rates are due to the lack of health infrastructure, difficult communication, and lack of education on basic health notions, exacerbated by an adult literacy rate of 33.5% for women against 64.8% for men.

On top of this, war had a significant negative impact in terms of sexual violence, with high levels of gender based violence in the North of the country and in the South by army groups. As the Eastern part of the country lacks of support from the international community, due to the much lower population density and lack of infrastructure, little information is available.

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22 One comment regarding that section asked whether “a similarly fixed amount for TA to the cluster leads could be considered”. The Evaluation team considers that such support would indeed be useful. However given the relatively limited number and size of CHF projects and allocations in CAR, it seems rather unlikely that such requested would be followed by donors. A DFID note to OCHA in 2010 stated “it is arguable whether stand-alone capacity is justifiable in a relatively small and poorly resourced operation like CAR”


24 Who is doing What Where
DRC and Mercy Corps are implementing some sensitization programmes and special clinics called ‘Justice Clinics’ in partnership with women’s associations such as OFCA (“Organisation des Femmes Centrafricaines”), and AFJC (“Association des Femmes Juristes de Centrafrique”). Sexual and gender based violence is estimated to afflict over 15% (or tens of thousands) of women in the North of the country.

As other funding sources, CHF funded projects are targeting women and vulnerable groups in general.

**Vulnerable and forgotten populations, human rights and ownership**

8000 Pygmies have been supported with CHF funds through the NGO “Coopi”. This population is subject to human right abuses through forced labour, sexual violence and lack of civil right. The project provided them with literacy courses and human rights education, while initiating advocacy work and awareness campaigns towards local and state authorities, security forces and the population in general through radio programmes and workshops. This project has benefited from a strong commitment from the beneficiaries and a high degree of ownership.

**Monitoring and Evaluation**

According to the OCHA office in Bangui, 18 projects (5 in 2009, 13 in 2010, out of one hundred in total) have been evaluated in 2009 and 2010 by OCHA and other organizations (NGOs, UN agencies, French cooperation). Out of these 18, the evaluation team had access to 4 evaluation reports (5 to 6 pages each) which review achievements and difficulties for four projects.

According to Annual CHF Report for 2009, the main findings of the evaluations were satisfactory for that year. Major projects constraints which have been delaying implementation have been a lengthy procurement process (related to the country’s isolation), insecurity and staff turnover.

However the evaluation considers that more systematic M&E should be undertaken and that a more pro-active role could be taken by OCHA in that respect. Also all the projects evaluated were implemented by NGOs and none of the evaluations covered UN agencies.

**Synergy and multi-sectorial, integrated approaches**

Another issue raised during this evaluation was the lack of an integrated multi-sectorial approach and synergy and the lack of efficient coordination tools between clusters. As mentioned in the 2010 CAP mid-year review, “synergy efforts between sectors need to be improved and reinforced in order to maximize the impact of humanitarian operations in the country”. This issue had been raised already in the 2009 CAP: “Yet, inter-cluster coordination needs to be strengthened further, in particular between clusters where there exists a strong interdependence, such as between water, sanitation and Hygiene (“WASH”) and health”.

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25 For some, “this is because (UN) agencies would have built in M&E within projects and programme (funded from all donor source including CHF).”
Two of the health centers visited during field visits\textsuperscript{26}, which were supported notably with CHF funds and which had no water supply, illustrate that this statement was still valid at the time of the mission in October 2010. The team also visited newly rehabilitated schools which had no water supply.

\textsuperscript{26} Jointly with the OCHA area Coordinator for Ndélé and the partner NGOs
4 OPERATIONAL EFFECTIVENESS, COHERENCE AND CONNECTEDNESS

Fund Level

The CHF contributes significantly to **enhance coordination within clusters**, as many NGOs and agencies do participate, even those who do not benefit from the Fund (such as ECHO, French cooperation, ICRC, MSF).

CHF is an incentive for NGOs to attend clusters in the hope of benefitting from CHF funds. The HC’s role is therefore reinforced, as he has the final say in the allocation process.

The CHF so far has shown great flexibility in the allocation, has increased response capacity and facilitated NGOs access to funds. Contrary to PBF and CERF funding mechanism, NGOs can directly submit projects. Still, they receive funds though the UNDP project management process.

**In CAR, more than 70% of CHF funds have been allocated to NGOs** (less than 30% to UN agencies). This is related to following reasons: the one man-one vote allocation process, as the NGOs represent a majority of the cluster membership, the limited number of submission made by UN agencies and the strong NGO presence in the field which improve the quality and accuracy of the project proposals.

For some, inter-cluster-meeting have not been regular enough. This should be strengthened as this is where strategic planning and guidance on CHF issues are discussed as well as other humanitarian funding mechanism (e.g. CERF).

According to the CHF annual report 2009, the nine existing clusters have started to design their own strategy and work plan.

Some NGOs interviewed were not aware of the existence of the CHF emergency window, despite the fact that information are available on the HDPT intranet and that CHF procedures are regularly explained during regular meetings. This is therefore most likely related to the high staff turnover rate.

**Limited role of host government**

At the central level, representatives of the Ministry of Plan and the Ministry of Social Affairs complained however about the lack of information sharing regarding CHF.

According to UN agencies representatives, the information is shared but in an ad hoc way and the government has difficulties in of consolidating the information. An open debate beginning of 2011, chaired by the Country President concluded with a **recommendation to reinforce the “Secretariat Permanent des ONG”, the Ministry of Plan led NGO co-**
ordination group. In any cases the relevant ministries are all invited to attend the various cluster and other relevant meetings.

At the cluster level, Government participation within clusters varies from one sector to another. In the health sector, the existence of a comprehensive strategy at the national level, together with regular cluster meetings with relevant authorities at the field level streamlines and coordinates projects including CHF funded ones. In WASH, the relevant government Ministry has been very useful in providing guidance and construction standards to NGOs.

In the field, cooperation with local authorities appears to be good. A local representative of the Ministry of Social Affairs and other state representatives mentioned however that international NGOs do not take enough into account local initiatives, including local development plans which are being prepared with the support of UNDP.

It is however difficult for NGOs to coordinate with government structures in rebel controlled conflict zones such as in the North of the country. With the need to be perceived as neutral and impartial as possible, dealing with government structures may be very sensitive and jeopardise NGOs work.

**Weak local NGOs involvement**

Access to CHF funds remains difficult for local NGOs: three NGOs only (compared to around 20 INGOs) have been benefitting directly from CHF funds since 2008: Jupedec, ADEM and APROMEL. Local NGOs do not often implement projects even as partners of international NGOs. They have little funding and little say in defining intervention strategies. This is not CHF specific, as it is rather related to their weak capacity level, general management of donor funds and accountability risks associated with managing local NGOs.

To avoid the multiplication of small initiatives with limited impact, the standard allocations project budgets should be between 150,000 US$ and 500,000 US$. Realising that local NGOs are being penalised by such condition due to their limited absorption capacity, and the fact that smaller projects could be very relevant as well, local NGOs have been authorised to submit CHF proposals with smaller budgets.

The evaluation team heard of one initiative which has been taken jointly by a local NGO and a INGO to facilitate partnership, through the sharing of the local NGOs 7% overheads (to cover the training and the supervision costs of the INGOs).

**Project Level**

There have been strong efforts to prioritize projects applying for the CHF allocations, along with the CAP classification and in coordination with other funds. However the prioritisation process remains difficult as there are many urgent needs and therefore there is strong competition between clusters. CHF Allocations tend to follow the CAP priority sectors – as per guidelines.

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[27] See also under 3.1.2 Relevance of CHF projects for more examples
The selection criteria for projects need to be reinforced. They do not include the need for inter-cluster coordination and synergy with other operators, whether CHF funded or not. On the other hand, the criterion of partnership with a local NGO is often mentioned (such as in the CAP 2011 and in the concept note which describes how the CHF should be functioning) but hardly ever respected by INGOs.

It is difficult to have a clear idea of the CHF projects outcomes as monitoring and reporting is limited and as CHF funds are merged with other funding. The evaluation could not therefore establish whether all CHF projects or activities have been fully implemented, and we are unable to reach any general conclusions regarding project effectiveness. Some issues have been reported regarding project implementation (for example activities partially done or poor quality of project’s outputs). For example an evaluation done this year on Wash CHF funded projects by OCHA found unprotected wells in schoolyards.

Overall the evaluation team concluded on the basis of its field visits and interviews with external stakeholders (e.g. officials, donors), that most projects do provide good results. However there are still accountability issues to resolve. For instance, implementing organisations have been changing project locations without asking for authorisation or notifying the HC or OCHA beforehand. This emphasizes the need for increased monitoring.

Also projects are not always well-controlled on the technical side, and the extent of coordination often depends on inter-personal relations rather than on systems. Some NGOs are planning to initiate studies reviewing what has been achieved so far (in WASH notably), as they lack a clear picture of what international assistance has been achieving so far. Coordination tools and documents for NGOs and UN agencies seem to be lacking at this stage and the humanitarian website is not updated anymore on a regular basis since the departure of the operator in 2009.

The CHF funding mechanism and the cluster approach in general do not facilitate multi-sectorial projects, and such projects are being rejected from one cluster to another.

**Gender**

Gender issues have been addressed by the CHF through public awareness campaigns within health and education projects.

Some activities targeting women in particular have been a component of global projects (children and women associated with armed groups, support to IDPs and vulnerable groups including victims of GBV, support to food security and livelihoods via women’s or mixed associations, projects for reduction of violence associated with witchcraft).

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28 See under 3.1.2 for more examples
29 www.hdptcar.net
30 According to latest information provided since the departure of the mission by OCHA office in Bangui, the situation should improve in the future as OCHA has eventually recruited an Information Manager Officer in early 2011.
Some projects have been targeting widows (and orphans) which are extremely vulnerable in CAR, but eight projects target women more explicitly through programmes such as a creation of “Womens House”, support to women livelihoods (restaurants, small shops), creation of local judicial clinics with specific women advisors, in partnership with CAR association of Women Law Practitioners (“Association des Femmes Juristes”). As a result of its meetings with some of the women advisors, the evaluation team believes that such projects are very useful and effective.

UNICEF has recently begun an initiative to strengthen the response capacity on gender in the humanitarian context with a specific focus on the cluster capacity in WASH, Nutrition, Education, Child Protection and Non-food Items.
5 EFFICIENCY OF THE FUND

In CAR, the CHF is currently administered by UNDP with the overall supervision of OCHA, which means that UNDP manages funds disbursed to UN agencies and NGOs while passing programmatic issues to OCHA.

The allocation decision making process is reported to be faster than other funding mechanisms. Delays occurred in terms of disbursement in 2008 and 2009, but the situation gradually improved. NGOs interviewed reported that UNDP procedures changed during project implementation, generating confusion. If disbursement of the first tranche is said to be usually efficient, the second and third financial tranches have taken much more time and there are still funds due for more than half of the projects. This is related to misunderstandings about the administrative and financial reporting requirements. The need for a proper Procedures Manual has been expressed several times as the procedures mentioned in the NGOs’ contracts are reported to be unclear. 31

The CHF make it easier for NGOs to have access to new funding as they can directly submit project proposals (contrary to CERF and PBF funding instruments where NGO applications go through UN agencies). However, they still have to receive funds through the UNDP project management process.

Projects can be implemented faster with less administration and intermediary related costs. Normally, since CHF allocations are decided entirely at the country level, they provide a better response to local specific needs, and the NGOs interviewed said they found the CHF to be less administratively heavy than other sources of funding (e.g. bilateral, ECHO, EuropAid)

OCHA has received US$400,000 from the CHF through the cluster allocation process in 2009 to fund coordination activities. At the same time, OCHA has an important role in assisting the clusters leads and co-leads, the HC and the advisory board decide the allocation of the CHF. There is a perceived conflict of interest arising from this dual position: OCHA is supposed to supervise the process, and remain neutral, without being granted any secure funding for this. The same can be said for the Cluster Lead agencies.

To solve this funding gap, DFID recommended that OCHA should apply, as any other organization, for CHF funds. For the reason outlined above, the evaluation team recommends OCHA funding be allocated in a completely independent and separate way from the cluster allocation process.

In addition to the CHF, there are two other UN managed funds in CAR: the CERF and the PBF. In CAR, those three instruments are used by NGOs to fund different activities within

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31 One comment received on that subject stated that, “in the context of a Harmonised Approach to Cash Transfers (HACT), most NGO partners have been trained on the new procedures which apply equally to UNDP, WFP, UNICEF and UNFPA managed funds”.
the same project, as CHF allocations are limited. The PBF is also administered by UNDP. The CERF and the CHF allocation go both through the clusters selection process. The PBF is administered through a separate unit within UNDP in Bangui (which has a programmatic role) and it is not clear how it interacts at the programmatic, management and financial level with the two others. To improve coordination, OCHA has been appointed member of the Steering Committee which managed the PBF.

Overall, the risk of double funding is relatively low, due to the small number of humanitarian actors operating in CAR, the fact that they concentrate in the North of the country and that the HC supervises the three funding streams.

As in other humanitarian programmes, there are too few standard designs for the construction or rehabilitation of public facilities (schools, health centres) or road infrastructures. In some cases however, the State norms are being used and implemented.

UNDP benefits from a 1% fee for the administration of the CHF, plus 7% as a managing agent for NGOs, and hence has received more than US$1 million for these tasks. However, the investment at the field level remains weak, as it is limited to the payment of one staff (P3 level) assigned to be responsible for CHF projects’ finance.

An audit32 on CHF projects has been taking place in 2010. Rather surprisingly, this report was not made available to the evaluation team. All NGOs interviewed on that subject complained about the auditors’ attitude and their work in general and a collective letter of complaint has been sent to the HC following the poor quality of the audit report.

Donors have been doing limited monitoring since the beginning of CHF in 2008. This is related to the CHF limited budget size and the fact that CAR is not a priority country for the four donors involved. DFID, the main donor of the CHF fund, has visited CAR in 2009 and in 2010 and SIDA as well in November 2010.

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32 A private company contracted by UNDP
6 PROCESSES AND INPUTS OF THE FUND

The current system for managing the CHF in CAR is as follows: the HC supported by OCHA, manages the CHF. UNDP serves as the Fund’s Administrative Agent receiving financial resources for the CHF from donors and distributing funds to recipient UN agencies. Further, UNDP transfers funds to NGOs according to the allocation decisions of the HC, under its “Managing Agent” function.

CHF funding is allocated to priority activities in the CAP, in line with the prioritisation of CAP projects carried out by the clusters and the HC. Usually twice a year, the HC allocates a global envelope to specific clusters, based on an analysis of humanitarian needs and priorities, with the advice of an Advisory Board.

Within the available envelope, clusters then identify and select projects for CHF funding and submit them to the HC for final approval. The role of the cluster lead (a UN agency representative) and co-lead (an NGO representative) are to take the decision on CHF allocations within the cluster and then submit to the HC for final approval.

Overall the institutional set up of the CHF is functioning well. OCHA, the HC and the advisory board have been working on improving the allocation process and simplifying administrative procedures for NGOs. CHF procedures have the reputation among NGOs of being the fastest and the most flexible compared to other funding sources.

Another positive instrument which helps the CHF process is the presence of two OCHA offices (in Paoua and in Ndélé) well equipped and fully operational in the field, as it greatly facilitates project monitoring and the establishment of good relations between NGOs and authorities (and rebel groups) and coordination among all operators. This presence is crucial as it boost NGOs involvement and access to critical areas.

As mentioned in other parts of the report, difficulties remain in terms of the cluster allocation process, financial & recruitment procedures, partnership with local NGOs, the setting up of a proper monitoring and evaluation mechanism and the development of a multi-sectorial, integrated approach. This goes against the spirit of what was initially foreseen in the so-called “concept note”, which describes how the CHF should be functioning in CAR.

Regarding the lack of local NGOs’ involvement, this document foresaw initially that (INGOs’) “proposals will merit favourable consideration if they include specific plan for partnership with local NGOs and their capacity building”. Several INGOs interviewed on that subject explained their reluctance to develop more partnership by the weak capacity

33 The Advisory Board is constituted of two donors’ representatives, two NGOs representatives, two UN agencies,
34 UNDP, ECHO & the French cooperation participate as observers
35 3.2.1 under 3.2 Operational Effectiveness, Coherence & Connectedness
36 3.1 Relevance
37 Concept note, CHF, HDPT, July 2008, updated
of local NGOs and the cost related to capacity building and monitoring activities which such partnership implies.

Regarding M & E, the same document expected “the Advisory board to select every six months, a proportionate number of complete projects to be evaluated”. The Board does not seem to have the ability to make it happen given the lack of effective evaluations: for some, the board has been fairly non-functional most of the period under evaluation\textsuperscript{38}. This note expects finally “regular substantive reports on the impact of the CHF on the humanitarian situation and response in CAR and continuously updates (on) a public website”. This was not taking place at the time of the evaluation mission in October 2010.

On the issue of a multi-sectorial approach, the note expects the Advisory Board to “review projects that do not fall within an established cluster (multi-sector projects)”. This mechanism does not seem to be really effective either with the lack of cross-sectoral projects at the time of the evaluation mission in October 2010.\textsuperscript{39}

**The cluster allocation process**

The project selection process within clusters is public, as all stakeholders discuss openly on that subject during the clusters meetings. Many organisations feel however uncomfortable with the current system, and there is a broad consensus that cluster meetings are rather focusing on fund allocations rather than in-depth needs analysis and strategic guidance. Almost all organisations interviewed considered that Cluster members are somehow “judges and parties” while selecting projects. Some said to have witnessed some sort of “coalitions”, “alliances” or tendency among agencies “to share the cake”. Some even pointed out that such fierce competition promotes rather conflict than coordination.

On the other hand, some referred to good example of “independence” and “neutrality”: the WASH cluster was often quoted as being very successful in terms of management and prioritization. The reason lies in the fact that UNICEF assigned as Cluster lead, a full time technical staff to manage the cluster and the selection process. The reputation of this Cluster is to be impartial and neutral, as the Cluster lead is said to have rejected a project proposal initiated by colleagues from the very same agency.

Clusters’ performance varies from cluster to cluster and depends greatly on the cluster lead’s and co-lead’s availability for such time consuming responsibility. In this regard and with the exception of the lead in the WASH Cluster, no leads (or co-lead) solely focus on cluster coordination. Ideally, each cluster should benefit from a full time staff to carry out cluster-lead functions. This seems however unrealistic to the evaluation team, giving the funding gap and the relatively limited size (compared to DRC and Sudan) of humanitarian operations in CAR.

Another critical point is that cluster leads interviewed did not benefit from any training on their role and how to manage processes.

\textsuperscript{38} Four joint evaluation missions only were carried out through 2009 and 2010.

\textsuperscript{39} Since then and according to OCHA Bangui, the last allocation process (December 2010/2011) has been revised so as to favour an area based integrated project approach.
Procedures manual

Several organizations regret the lack of comprehensive guidelines or procedures manual for NGOs regarding the CHF implementation modalities, finance and administrative issue in particular, and reporting requirement. Such a comprehensive manual (bringing together in a single manual various notes regarding the allocation process, reporting requirements, and projects’ description formats) would be of particular interest considering the high staff turnover rate and the need to brief continuously newcomers.

Financial procedures and disbursements.

As mentioned in the CHF annual report (2009)\(^{40}\), “the mandatory implementation of the Harmonized Approach for Cash Transfer (HACT) by most of the UN agencies notably UNDP has led to some concern over the functioning of the CHF in CAR. The main worries relate to the potential delay for disbursing fund (during) the required assessment of the implementing partners….. Yet the UNDP HACT assessment team has allowed for CHF deadlines to be almost met. Three national NGOs however suffered longer funds transfer process as the findings of the HACT capacity assessment did not allow them to be remitted the whole funds directly”.

As mentioned in a CHF report, “aimed at insuring high levels accountability, the UNDP managing and administrative framework resulted in an average two months delay between the Contract date and the first disbursement. This has clearly affected NGO response capacity, particularly for those with few if any treasury capacity.”\(^{41}\)

In 2010, the situation has improved with NGOs receiving funds within one month on average, after the allocation decision. Still some NGOs seem to face difficulties in providing the right documents. Some reported to have had to send their financial requests several times (with contrary feedback). The first tranche disbursement is usually fast, but NGOs report longer delays for the following ones.

Pending Staff recruitment issues

Three international posts in OCHA were vacant at the time of the evaluation (October 2010) and had been so for several months, despite the fact that budgets are allocated for that purpose. Reporting is therefore weak and the Humanitarian website is not properly updated. The ECHO representative mentioned that ECHO funds had been allocated to OCHA since January 2010 for the recruitment of a website operator.\(^{42}\) The OCHA Area Coordinator in Paoua left his post in June 2010 for another assignment and has not been replaced yet.

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\(^{40}\) CHF – CAR, Annual Report, page 10, HDPT CAR

\(^{41}\) CHF – CAR, annual report 2009, HDPT CAR

\(^{42}\) According to latest information available from OCHA Bangui after the evaluation mission, an Information Management Officer has been recruited since then.
Predictability
For early recovery and rehabilitation projects, it is difficult for NGOs to plan operations in advance, as CHF allocations are perceived to be more unpredictable than other source of funding such as ECHO or bilateral funding. That was not considered however as a major issue as the CHF is perceived as being above all, a major tool for improving humanitarian response capacity.
7 CONCLUSIONS

The CHF in CAR has contributed to improve the international community’s ability to address critical humanitarian & early recovery needs. It has significant impact in the assistance structure, as well as in improving population livelihoods. The fund is operational, in an open and flexible way and helps to maintain NGO presence in the country.

108 projects have been funded by the CHF in CAR since 2007 for a total amount of US$ 49.6 million. However the CHF allocation for 2010 amounts to US$ 10 million (12 US$ million in 2009).

The Fund has allowed other donors to make more rapid decisions on co-financed projects. Many NGOs implemented projects have for instance been co-financed by the EU, providing greater visibility and sustainability. However, difficulties remain in the allocation process and in terms of the monitoring and evaluation. There is a lack in terms of an inter-cluster, integrated (area based) approach.43

In 2009, the CHF enabled NGOs to respond to new emergency needs following IDPs movements in the East and in the North and refugees influx from DRC in the South.

After some difficult start in the beginning, the reaction time for funds to be released by UNDP varies nowadays from one week to 1 month.

Local ownership
The involvement of local NGOs remains weak. At the central level, the involvement varies from one Ministry to another. The Ministry of Planning and the Ministry of Social Affairs said they were not being involved in the CHF activities. At the field level, local authorities seem to have good relations and are in regular contact with NGOs.

43 At the time of the evaluation in October 2010; according to OCHA office in Bangui, the situation has improves since then (see footnote 40 page 29)
8 RECOMMENDATIONS

- **CHF should be maintained and developed in CAR, as it is a major player in a country with such limited assistance from the international community.** *(To donors)*

- **Cross-sectoral and area based needs assessment should be improved.** *(Action: the Advisory board, clusters leads and co-leads, OCHA)*
  
  The CAP and the CHF approaches remain projects and cluster based, with little or no transversal inter-cluster links\(^{45}\) and synergy with external (local and international) non CHF operators (such as the EU and the World Bank). Projects should develop rather into multi-sectorial, integrated programmes and develop synergies. The approach should be more area based than sector based (for example in the South-East). Such criteria should be more decisive when deciding on allocations. This approach should be used already at the initial needs assessment phase, when elaborating the CAP.

- **More in depth monitoring & evaluation and needs assessments are necessary.** *(Action: Advisory Board, OCHA, HC, technical Ministries)*
  
  OCHA, through his existing two field offices, should take a more proactive lead role in needs assessments and in M&E\(^{46}\) while working in support and in full coordination with cluster-leads and co-leads.

  The following options should be explored further to strengthen this component:

  (i) To reinforce the role of the advisory board (OCHA, Cluster leads & co-leads, HC, external advisors such as ECHO and French cooperation) and to involve more\(^{47}\) the technical relevant Ministries (water, agriculture, health, social affairs…) in the CHF allocation process. The technical Ministries or at least the unit in charge of the humanitarian project in the Ministry of Plan\(^{48}\) could be invited during joint needs assessment missions (in government controlled areas), and through joint monitoring and evaluations missions and through consultations when the final decisions are being made on project allocations.

  (ii) The provision of independent technical expertise when necessary through the provision of UNVs, use of DRC/NRC/MSB roster…

  Besides, the office of ECHO in Bangui can call for external technical expertise for needs assessments and evaluations; OCHA could request ECHO whether this technical expertise could not expand to CHF funded projects whenever possible.

  (iii) The organisation of a small M&E unit, staffed with 1 staff seconded by 1 UNV and 1 local staff for example, while associating some of the actors mentioned under (i), who would report directly to the CHF and the Advisory Group.

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\(^{44}\) As of end of October 2010

\(^{45}\) See also footnote 40 page 29

\(^{46}\) Not only on CHF funded projects/activities, but also on CERF, PBF…

\(^{47}\) in government controlled areas

\(^{48}\) Namely the “Bureau de Suivi des ONG”, the unit in charge of the follow up within the Ministry of Planning
(iv) A lump sum (or % within projects budgets) could be allocated from the CHF to cover M&Es costs.

- **The link between the management of the three UN funds (CERF, CHF, PBF) should be reinforced.** M&E activities in particular could be undertaken jointly by a same unit for the three funding *(Action: HC, Advisory Board, including OCHA and UNDP)*

- **The 2008 NGOs mapping** describing who is doing what where needs to be updated *(Action: OCHA)*.

- OCHA should take a more proactive role in the process of **increasing local NGOs involvement and facilitate their partnership with INGOs**. To facilitate this partnership, OCHA should set up a mechanism allowing INGOs to receive funds (out of the CHF project’s budget) to cover training and monitoring related costs.

  Regarding possible synergies, the EU delegation in Bangui funds a programme aimed at reinforcing local NGOs and the civil society in general. OCHA should approach the EU delegation to benefit from the experience gained by the EU funded programme in local capacity building and explore the possibility of joint interventions in that area to assist the overall humanitarian response. *(OCHA)*

- Nutrition issues are closely interconnected with the health cluster. **OCHA should consider merging these clusters**, as the number of actors operating in CAR is relatively small (around 20 NGOs). *(Action: OCHA and relevant cluster leads and co-leads)*

- **The humanitarian website** *(which includes information on CHF)* should be updated and a website specialist should be deployed. ECHO has made the budget available to OCHA for that purpose since January 2010. *(Action: OCHA HQ)*

- **Training** should be provided on a more systematic basis on cluster coordination, meeting management and project cycle management, including evaluation. *(Action: OCHA, UN agencies)*

- **In terms of funding of the CHF overall management** *(Action: Donors, OCHA, UNDP)*. On the overall, programme design, monitoring, evaluation and coordination has a cost and donors should foresee a global envelope to be shared among agencies to enable them to carry those new functions. At the moment, UNDP is receiving overheads to carry on its CHF related function (as management and administrative agent), not OCHA. A global envelope could benefit not only to UNDP but to OCHA as well. This should be further discussed at HQ levels and with donors.

49 www.hdptcar.net

50 According to latest information available from OCHA Bangui after the evaluation mission in October 2010, an Information Management Officer has been recruited since then
- **With regard to the allocation decision making process** (Action: HC, Advisory Board, Clusters lead and co-lead).

  It was generally agreed during the course of the mission that there is a need to reassess the project selection process to mitigate tensions between humanitarian operators and the clusters leads and co-leads ‘judge and parties’ issue and between the members themselves. It was felt on the overall that sometimes fierce competitions to access funds do not provide a positive image of the humanitarian community in general and among local NGOs and authorities who attend cluster meetings.

  This evaluation recommends therefore the following two options to be further considered:
  
  i. **To increase the strategic role of the Advisory Board** that could have, within the HC, the final say on which project should benefit from the CHF. The final decision would be made upon projects' short lists prepared by the cluster leads and co-leads
  
  ii. Direct selection by the advisory board through call for proposals.

  OCHA and the cluster-leads and co-leads should ensure that organisations applying for the CHF should have reached a certain level of achievements with their previous CHF allocations before receiving new funds.

- There is a need to establish comprehensive **strategy papers** (identifying priority needs) per sector. Meetings should focus more on technical issues than CAP and CHF procedures. (Action: Clusters lead and co-lead, technical Ministries)

- The UN agencies allocating staff to lead cluster and the NGOs regarding the co-leads should ensure that their cluster related tasks are parts of their ToR and therefore subject to assessment. This implies that agencies and NGOs have to organize their office in order to integrate those new functions. (Action: UN agencies, NGOs)

- **The single UNDP staff member dealing with the financial project monitoring in Bangui should be assisted by one staff at least.** As understood from UNDP, an additional local staff is planned to be recruited by early 2011. (Action: UNDP)

- **OCHA should not compete to access CHF funds through clusters.** OCHA should keep an independent, neutral role insuring transparency in the allocation process, leading needs assessment and M&E activities in support of the HC and the Advisory Board. Financial support to OCHA should therefore be completely separate from the clusters allocation process. The same would be preferable for cluster leads (Action: Donors, OCHA)

- **OCHA and UNDP should prepare a CHF Procedures Manual for NGOs in particular (covering operational framework, decision making process, budget administration), with UNDP covering the financial section.** (Action: OCHA, UNDP).
- **Recruitment process** (*Action: OCHA HQ*). OCHA should fill the three vacant positions which have been budgeted for several months ago. A new area coordinator should be assigned to Paoua following the departure of the previous one in August 2010.

- To **improve Government ownership** through the provision of support to the “Secretariat Permanent des ONG”, the Ministry of Plan led NGO co-ordination group.
ANNEX I – TOR

The 25 page Terms of Reference has been circulated as a separate document.
ANNEX II – FUNDING FLOWS ANALYSIS

Financial flows of the CHF CAR 2008-2010
as per OCHA CAR data

Netherlands $1.351 mn
Ireland $4.180 mn
Norway $0.592 mn
UK $2.934 mn
Sweden $1.163 mn

2008
ERF $5.471 mn
NGO $1.303 mn
NNGO $0.156 mn
UN $0.576 mn
UNDP management fee of 7% ($0.192 mn)
UNDP admin fee of 1% ($0.102 mn)
CarryOver $2.4 mn

Figures are in millions (mn) USD.
NNGO means National NGO

CERF has been implemented in the second half of 2008, on the basis of the existing ERF. Then funding has been transferred from ERF to CHF and has not been dissociated for each pooled fund.

Some funding has been received at the end of the year, usually at the end of December, and hence it has not been allocated to projects that same year. Carry over represents on this graph the financial funding received in the year but not allocated this same year. Some funding has not been allocated also as it is part of the emergency reserve.

These data present some differences with FTS data, due to the different timing in registration of the allocations / expenses, notably over the end of 2008/ 2009.
The emergency reserve use has been included in the share of the NGO and UN agencies as relevant.

CHF in CAR has been funded only by the five donors mentioned in the graph here above, the Netherlands, Ireland, the UK, Sweden and Norway (which only allocated funding in 2008).

* This figures still needs to be confirmed by UNDP Bangui.

This graph indicates clearly the significant part allocated to NGOs, and to a lesser extent UN agencies, and National NGOs, which have very little absorption capacity in CAR.

UNDP administration fees are deducted at the beginning on the amount of funding received, while the management fees are calculated as per the allocation. Carry over is also due to late funding.

The funding basis is quite balanced and stable but funding predictability is not ensured, as donor’s decisions are done on a yearly basis. However, these figures suggest that donors are pretty constant through the years. CHF donors tend not to be present in CAR, and those who are (France / US / ECHO) don’t fund CHF as they prioritize use of their own technical capacities.
This graph shows that the donor base is still quite balanced and solid through the year, despite the fact that this CAR CHF is much smaller than DRC and Sudan ones. Ireland and Sweden are the most important donors for the third year. NGOs get the major part of the funding, which is understandable for the reasons mentioned in the core of the report, such as limited size of the grants and limited size of the emergencies. Hence, CHF is particularly essential to NGOs in the CAR context.

This analysis also indicates that UNDP receives, as for the previous year, three times more funds than national NGO undertaking projects, only for fund administration, fund management, and financial management.
## ANNEX III – LIST OF PEOPLE MET

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdoulaye Sawadogo</td>
<td>Deputy Head of Office</td>
<td>OCHA</td>
</tr>
<tr>
<td>Albert Kpangba</td>
<td>Préfet Kagabandoro</td>
<td></td>
</tr>
<tr>
<td>Alessandro Romio</td>
<td>Representative</td>
<td>Cooperazione internationale (Coopi)</td>
</tr>
<tr>
<td>Amadou Maiga</td>
<td>Deputy Resident Representative</td>
<td>UNDP</td>
</tr>
<tr>
<td>Amatoko Uanga Bernard</td>
<td>Field Coordinator</td>
<td>ADEM (national NGO)</td>
</tr>
<tr>
<td>Ana Isabelle Silva</td>
<td>Coordinatrice Administration et finances</td>
<td>Aide Médicale Internationale (AMI)</td>
</tr>
<tr>
<td>Antoine de Léocourt</td>
<td>Head of Field Office Ndélé</td>
<td>AMI</td>
</tr>
<tr>
<td>Bettina Gambert</td>
<td>Cluster lead</td>
<td>UNHCR</td>
</tr>
<tr>
<td>Bettina Scholdan</td>
<td>Head of sub-delegation</td>
<td>ICRC Kaga Bandoro</td>
</tr>
<tr>
<td>Bo Shack</td>
<td>Deputy Special representative, RC and HC</td>
<td>UN-UNDP</td>
</tr>
<tr>
<td>Brice Sereckissy</td>
<td>Field Officer</td>
<td>COOPI</td>
</tr>
<tr>
<td>Caroline Ndoloum</td>
<td>Rehabilitation Officer</td>
<td>Première Urgence, Paoua</td>
</tr>
<tr>
<td>Claire Mac Rae</td>
<td>Deputy Director for Programs</td>
<td>IRC</td>
</tr>
<tr>
<td>Claude Hilfiker</td>
<td>Srn Evaluation Officer</td>
<td>OCHA (Geneva)</td>
</tr>
<tr>
<td>Come Sekamao</td>
<td>Rehabilitation assistant</td>
<td>Première Urgence, Paoua</td>
</tr>
<tr>
<td>Damanio Lotteria</td>
<td>Representative in RCA</td>
<td>Coopi</td>
</tr>
<tr>
<td>Daniel Bangui</td>
<td>Associate field protection officer</td>
<td>UNHCR Kaga Bandoro</td>
</tr>
<tr>
<td>David Montes</td>
<td>Head of Office</td>
<td>Médecins sans Frontières, Ndélé</td>
</tr>
<tr>
<td>Dieu Beni Fenekami</td>
<td>Head of Rural livelihoods activities</td>
<td>DRC Paoua</td>
</tr>
<tr>
<td>Dr Dema</td>
<td></td>
<td>WHO</td>
</tr>
<tr>
<td>Fransesca Longo</td>
<td>Project administrator</td>
<td>Coopi</td>
</tr>
<tr>
<td>Ferdinand Djerandouba</td>
<td>Field Coordinator</td>
<td>Mentor Initiative, Paoua</td>
</tr>
<tr>
<td>Ghislain Dieudonné Kogelo</td>
<td>Sous-Préfet Ndélé</td>
<td></td>
</tr>
<tr>
<td>Gilles Ponserre</td>
<td>Directeur National et chef de mission</td>
<td>Danish Refugee Council</td>
</tr>
<tr>
<td>Hyacinthe Ulrich</td>
<td>Head of Social Affairs Kagabandoro</td>
<td>Ministry of Social Affairs</td>
</tr>
<tr>
<td>Dr Innocent Damassara</td>
<td>Doctor</td>
<td>IMC Kagabandoro</td>
</tr>
<tr>
<td>Jean-Louis Pouninguinza</td>
<td>Chargé de Mission,</td>
<td>Secrétariat Permanent des</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Organization</td>
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<tr>
<td>-------------------------------</td>
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<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Jean Mathurin Baba</td>
<td>Field Assistant</td>
<td>UNHCR Kaga Bandoro</td>
</tr>
<tr>
<td>Jean-Michel Ngoumba</td>
<td>Head of Social Affairs Paoua</td>
<td>Ministry of Social Affairs</td>
</tr>
<tr>
<td>Jeremy Hopkins</td>
<td>Deputy Representative</td>
<td>Unicef</td>
</tr>
<tr>
<td>Jean-Sébastien Munié</td>
<td>Head of Office</td>
<td>OCHA Bangui</td>
</tr>
<tr>
<td>Joanna Davey</td>
<td>Head of sub-delegation Paoua</td>
<td>ICRC</td>
</tr>
<tr>
<td>Josianne Poutya</td>
<td>President</td>
<td>CAR Red Cross</td>
</tr>
<tr>
<td>Juvenal Ntakirutimana</td>
<td>Programme Officer</td>
<td>WFP</td>
</tr>
<tr>
<td>M. Kada</td>
<td>Präfet Ndélé</td>
<td></td>
</tr>
<tr>
<td>Lela Haossala</td>
<td>Admin/finance Director</td>
<td>International Medical Corps</td>
</tr>
<tr>
<td>Maguette Ndiaye</td>
<td>Deputy Coordinator</td>
<td>FAO</td>
</tr>
<tr>
<td>Maria Wangechi</td>
<td>Country Director</td>
<td>Merlin</td>
</tr>
<tr>
<td>Martial Ngaba</td>
<td>Head of M&amp;E</td>
<td>JRS</td>
</tr>
<tr>
<td>Martial Mongonou</td>
<td>Programme Manager, livelihoods</td>
<td>Danish Refugee Council</td>
</tr>
<tr>
<td>Michel Wang Tan</td>
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<td>UNHCR Kaga Bandoro</td>
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<tr>
<td>Micheline Metemalé</td>
<td>Snr Field Clerk</td>
<td>UNHCR Kaga Bandoro</td>
</tr>
<tr>
<td>Miranda Sende</td>
<td>Programme Officer</td>
<td>WFP</td>
</tr>
<tr>
<td>Moise L. Makuta</td>
<td>Field coordinator</td>
<td>IRC</td>
</tr>
<tr>
<td>Paul Belami</td>
<td>Human Rights section</td>
<td>BINUCA</td>
</tr>
<tr>
<td>Pascal Bondha Rozono</td>
<td>Aids &amp; education programme manager</td>
<td>Unicef Kaga Bandoro</td>
</tr>
<tr>
<td>Pascal Mounier</td>
<td>Chief of mission</td>
<td>Action Contre la Faim</td>
</tr>
<tr>
<td>Pascale Blanchetière</td>
<td>Chief of Mission</td>
<td>Première Urgence</td>
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<tr>
<td>Patrick Bonazani</td>
<td>Head of Field Office</td>
<td>IMC Ndélé</td>
</tr>
<tr>
<td>Patrick Laurent</td>
<td>Wash cluster lead</td>
<td>Unicef</td>
</tr>
<tr>
<td>Paul Davy Kouale</td>
<td>Field Coordinator</td>
<td>DRC Ndélé</td>
</tr>
<tr>
<td>DR Peguy Massamba</td>
<td>Consultant</td>
<td>WHO</td>
</tr>
<tr>
<td>Dr Philemon Namkona</td>
<td>Head of Office</td>
<td>WHO</td>
</tr>
<tr>
<td>Raymond Adouma</td>
<td>Ministre Délégué Chargé de la Coopération Internationale</td>
<td>Ministère du Plan, de l’Économie et de la Coopération Internationale</td>
</tr>
<tr>
<td>Redrick Mongonou</td>
<td>Coordinator Agriculture</td>
<td>DRC Paoua</td>
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<td>Robert Gillenwater</td>
<td>UNHAS</td>
<td>WFP</td>
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<tr>
<td>Roger Markié</td>
<td>Head of Office</td>
<td>Première Urgence, Paoua</td>
</tr>
<tr>
<td>Sabine Jiekak</td>
<td>Administration &amp; Finance Coordinator</td>
<td>COOPI</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Organization</td>
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</tr>
<tr>
<td>Samuel Legendre</td>
<td>Volunteer</td>
<td>French Embassy</td>
</tr>
<tr>
<td>Séverin Médard Yangou-Bemodo</td>
<td>Common Humanitarian Fund Manager</td>
<td>OCHA</td>
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<tr>
<td>Sylvain Yakara</td>
<td>Field coordinator</td>
<td>OCHA Ndélé</td>
</tr>
<tr>
<td>Tabanguet Nenjamin</td>
<td>Inspecteur central</td>
<td>Ministry of Social Affairs</td>
</tr>
<tr>
<td>Tania Chapuisat</td>
<td>Représentative</td>
<td>Unicef</td>
</tr>
<tr>
<td>Théophile Bozanga</td>
<td>Construction Manager</td>
<td>AMI Ndélé</td>
</tr>
<tr>
<td>Thérèse Zeba</td>
<td>Representative</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Thierry Bema</td>
<td>Préfet</td>
<td>Prefecture Paoua</td>
</tr>
<tr>
<td>Valentina Favero</td>
<td>Project Manager Mbaiki</td>
<td>COOPI</td>
</tr>
<tr>
<td>Xavier Henaut</td>
<td>Cooperation Officer</td>
<td>French Embassy</td>
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<tr>
<td>Xavier Trompette</td>
<td>Representative</td>
<td>ECHO</td>
</tr>
<tr>
<td>Yoangou Bémodo Sylvain</td>
<td>Field Coordinator</td>
<td>OCHA Ndélé</td>
</tr>
<tr>
<td>Yves Alavo</td>
<td>Finance and Administrative Agent</td>
<td>UNDP</td>
</tr>
<tr>
<td></td>
<td>Representative &amp; staff</td>
<td>NGO ADEM</td>
</tr>
<tr>
<td></td>
<td>Representative &amp; staff</td>
<td>NDO Jupedec</td>
</tr>
<tr>
<td></td>
<td>Agronomist</td>
<td>NGO ADEM M’bres</td>
</tr>
</tbody>
</table>
ANNEX IV - DETAILED METHODOLOGY

This annex which is complementary to the Methodology Summary (section 1) is also supported by the annexes presenting the detailed list of persons met (annex III), the team itinerary (annex V), the evaluation tools used (annex VI), and the documents reviewed (annex VII).

It was not possible to interview CHF donors for CAR (DFID, Ireland, The Netherlands, Sweden), during the field mission, as none of them have representation in Bangui. However, the team interviewed other donors through meetings with representatives of the American and the French Embassies and from ECHO. Meetings were held with representatives of the Ministry of Planning (including the Minister in charge of international cooperation), the Ministry of Social Affairs and officials at the field level (“sous-préfecture”).

The evaluation team held a meeting with cluster leads and co-leads in Bangui to discuss the impact of the CHF in CAR and possible recommendations. As there are no CHF stand-alone projects as such, the evaluation mission visited 12 CHF funded projects or activities which are part of projects funded through various funding sources (Bilateral, ECHO, EuropAid, PBF, CERF…).

The projects visited together with OCHA field representatives were located in the following areas: Kaga Bandoro, Ndélé, Paoua (North-North East of the country) and Mbaiki (South).

Following time and security constraints, the team did not have the time to carry on in depth project analysis, and it quickly became clear that CHF-funded activities are part of larger projects and they are not different from those implemented through other funding channels. Those interventions cover the traditional humanitarian and early recovery type of activities, such as school and hospital rehabilitation, wells and boreholes construction and rehabilitation, the setting up of legal clinics, and the provision of drugs and medical equipment.

The team gathered as much information as possible, using different sources to check data and compare analysis. Interviews have been based around the interview guide presented in Annex VII.

The team has gathered documentation by the Humanitarian Country Team and the HC about the allocation process and guidelines and CHF strategy documents. The Humanitarian website\(^{51}\) provided data as well on projects activities.

\(^{51}\) [www.hdptcar.org](http://www.hdptcar.org)
In addition and in order to gain some global perspective, the team has been reviewing published report on pooled fund mechanism and impact in neighboring countries such as DRC and Sudan.

Three minutes of meetings of the Humanitarian Country Team and one minute of the biannual review of the Advisory Board (25th September 2008)

Limited factors for the evaluation: Despite several requests, OCHA Bangui provided the evaluation team with only four evaluation reports on projects which had been funded with CHF allocations (three had been implemented by IRC and one by Coopi). According to a document available at OCHA, 18 projects had been followed in 2009 and 2010.

An audit52 on CHF projects has been taking place in 2010. This report was not made available to the evaluation team.

Funding data has been collected from various sources such as the Financial Tracking System (OCHA), the MDTF Gateway and directly from the field (UNDP and OCHA).

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52 A private company contracted by UNDP
ANNEX V – DETAIL OF ANY QUANTITATIVE ANALYSIS UNDERTAKEN

The main elements of the quantitative analysis were the overall review of the funding flows trends since 2008.

The following data sets were used for the analysis: the UNDP MDTF gateway: http://mdtf.org and the OCHA Field Tracking System website http://fts.unocha.org

This allows the analysis of several data in the section 2 and in the annex II, such as the number of the CHF project funded through the Standard Allocation and the ones through the Emergency Window, the average project size and the sector of intervention.

Other websites provided data on the overall allocation coming from other UN managed funds such as the Central Emergency Response Fund (http://cerf.unocha.org) and the Peace Building Facility (http://www.unpbf.org)
ANNEX VI - TEAM ITINERARY

Field mission in CAR, 6 October – 21 October 2010
Team members: Laurent de Valensart (LD), Cécile Collin (CC)

<table>
<thead>
<tr>
<th>Date</th>
<th>Main meetings</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed 6 October 2010</td>
<td>OCHA head of Office in Bangui</td>
<td>Arrival in Bangui</td>
</tr>
<tr>
<td>Thu 7 October</td>
<td>Humanitarian Coordinator, OCHA CHF staff, meeting with Cluster leads &amp; co-leads, ECHO</td>
<td>Bangui</td>
</tr>
<tr>
<td>Fri 8 October</td>
<td>OCHA FO, meetings with NGOs AMI, DRC, IMC</td>
<td>Ndélé</td>
</tr>
<tr>
<td>Sa 9 October</td>
<td>Projects site visits</td>
<td>Ndélé</td>
</tr>
<tr>
<td>Su 10 October</td>
<td>Projects site visits, NGO ADEM, Unicef</td>
<td>Mbré &amp; Kaga Bandoro</td>
</tr>
<tr>
<td>Mo 11 October</td>
<td>Meetings with IRC, State representatives, projects site visits, ICRC, UNHCR</td>
<td>Kaga Bandoro</td>
</tr>
<tr>
<td>Tue 12 October</td>
<td>OCHA CHF staff, representative of Ministry Social Affairs, Humanitarian Coordinator</td>
<td>Return to Bangui</td>
</tr>
<tr>
<td>We 13 October</td>
<td>OCHA CHF staff, NGO PU, UNDP</td>
<td>Bangui (ld), Paoua (cc)</td>
</tr>
<tr>
<td>Thu 14 October</td>
<td>NGOs Merlin, IRC, Mentor Institute</td>
<td>Bangui (ld), Paoua (cc)</td>
</tr>
<tr>
<td>Fri 15 October</td>
<td>Ministry of Social Affairs, NGOs, ACF, OCHA CHF team and Head of Office</td>
<td>Bangui</td>
</tr>
<tr>
<td>Sa 16 October</td>
<td>Group meeting with national NGOs ADEM &amp; NGO Jupedec</td>
<td>Bangui</td>
</tr>
<tr>
<td>Su 17 October</td>
<td>NGO Coopi</td>
<td>Bangui (ld), Mbaiki (cc)</td>
</tr>
<tr>
<td>Mo 18 October</td>
<td>UNDP, NGOs Coopi, IMC &amp; Acted, Unicef</td>
<td>Bangui</td>
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<tr>
<td>Tue 19 October</td>
<td>ECHO, DRC</td>
<td>Bangui</td>
</tr>
<tr>
<td>Wed 20 October</td>
<td>Ministry of Planning, FAO, French Cooperation, JRS</td>
<td>Bangui</td>
</tr>
<tr>
<td>Thu 21 October</td>
<td>Debriefing at OCHA</td>
<td>Departure from CAR</td>
</tr>
</tbody>
</table>
ANNEX VII – EVALUATION TOOLS EMPLOYED

The main evaluation tool was this interview guide, based on the ToR which had been developed during the drafting of the inception report, and which has been used by the evaluation teams in the three countries (CAR, DRC, Sudan) covered by the evaluation.

Interview Guide for Country Studies

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Key questions</th>
</tr>
</thead>
</table>
| Local & Provincial Authorities | ➢ How, and to what extent has the CHF contributed to improvements in the humanitarian community’s ability to address critical humanitarian needs in a timely and effective manner?  
➢ In what way, if at all, are you able to advise on, or participate in, the allocation of the CHF? |
| National Governments | |
| CHF Recipient Agencies* (both UN & I/NGOs) | ➢ Is CHF more flexible than other donors, esp. in respect of spending periods*  
➢ Has the CHF increased recipients’ ability to respond to unforeseen humanitarian needs during the year?  
➢ Does the CHF require fewer conditionalities than other donors?  
➢ Can funding be switched to meet unforeseen needs?  
➢ Has their Response capacity in 2008 & 2009 been strengthened given knowledge that CHF is a reliable source of funding? Examples? *  
➢ Is there a faster start-up time for projects now that CHF exists?  
➢ Predictability: Do you feel confident about future funding from CHF compared with other funding sources?  
➢ Do you believe that the allocation decisions of the CHF in each country are seen as both fair & consistent? (ask for examples)  
➢ What kinds of projects, or projects in which sectors/areas do you have most difficulty in raising funding for?  
➢ Has the CHF been able to fund these ‘hard-to-fund’ activities? |
| Management level & CHF Board Members | |
| CHF Funding processes: | ➢ What is their perception of the transparency of the funding processes of the CHF?*  
➢ Do local & national NGOs have good access to information about application procedures and when funding is available?*  
➢ Is there NGO training to increase their capacity to access resources from pooled funds to ensure better performance of national NGO participation into CHF*  
➢ How much have national NGOs received from the CHF since 2008 in each of the 3 countries? Is this amount increasing or decreasing?**  
➢ How much time does it take between submitting a proposal to the CHF & receiving a response (on average)?  
➢ Where there have been delays in decision making have there been any |
<table>
<thead>
<tr>
<th><strong>CHF Recipient Agencies</strong>&lt;br&gt;implementing staff/field staff</th>
<th><strong>HC/RC</strong></th>
<th><strong>Strategic issues:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Are there projects in your area which have been funded by the CHF?  &lt;br&gt;➢ Would these projects have been able to go ahead without CHF support?  &lt;br&gt;➢ Is CHF funding appropriate to the needs you see on the ground - e.g. adequate in quantity, sufficient duration, flexible enough to meet changing needs?  &lt;br&gt;➢ Is CHF funding reaching the most vulnerable?</td>
<td></td>
<td>➢ What is the value added of having a CHF as a complement to other funding streams?***  &lt;br&gt;➢ Has the CHF helped correct any imbalances in funding levels for the CAP?  &lt;br&gt;➢ Has it enabled the HC to direct funds to where they are needed most both within and across clusters as compared to other funding sources?*  &lt;br&gt;➢ Has the Emergency Reserve enabled the HC to respond effectively to new humanitarian needs in 2008-10?  &lt;br&gt;➢ Has the CHF contributed to ensuring duplication of activities is avoided and gaps within the system have been filled (Examples)?*  &lt;br&gt;➢ Has the CHF encouraged improved cluster co-ordination both within &amp; between clusters? (Examples?)  &lt;br&gt;➢ Extent to which the HC can retain clear prioritization in the face of many pressures to ‘divide the cake’ between different requests. (Ask for examples of both successful &amp; unsuccessful attempts at such prioritization.)  &lt;br&gt;➢ To what extent has CHF funding been channelled to the highest priority areas (geographical, thematic, sectoral) within the overall response?*  &lt;br&gt;➢ Extent to which RC/HC perceive his/her role as strengthened through the ability to oversee distribution of pooled funds such as CHF?*  &lt;br&gt;➢ What % of humanitarian actors are engaged in common needs assessments, joint planning and prioritization processes, and is this number increasing or decreasing?*  &lt;br&gt;➢ Has the CHF helped to bring in new donors to the country?*</td>
</tr>
<tr>
<td>➢ How has their role changed, if at all, since 2007? What are the major issues they face?  &lt;br&gt;➢ As Fund Managers, how do they balance accountability with...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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negative impacts on the recipient agency’s operations?  
➢ Are these delays increasing or decreasing since 2008? (Ask for examples)  
➢ Does the CHF involve lower or higher transaction costs for recipients than other types of funding (for example, in relation to the time taken to prepare and revise proposals?)  
➢ Have both NGOs and UN been able to use CHF funding to leverage more funds from other sources?*  
➢ To what extent has the CHF Emergency Reserve been used in complementarity with the CERF Rapid Response (RR) window to respond to unforeseen emergencies.?  

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| **CHF Secretariat** | Are there clearly documented links between CHF allocations and the CAP/Sudan Work Plan, regional/sectoral priorities, and priorities as set out in the CHF policy papers?  
Are these priorities based on needs assessments at field level?  
Do these priorities feed through into actual funding allocations?  
Are there increasing numbers of new agencies participating in the CAP/Sudan Work Plan?  
What are the trends in CHF funding flowing to NGOs (vs. UN agencies) since 2006 (taking into consideration other factors as well)?  
How are gender issues recognized and prioritized in the allocation of the CHF?  
How is M & E divided up between the CHF staff and the recipient agency?  
Do the CHF M & E Units undertake any evaluations? (Ask for examples.) If so, how have the findings of these evaluations been followed up?  
To what extent do either the recipient agencies or M & E Units themselves collect gender-disaggregated data? |
| **UN Country Team** | Do they feel that the CHF has enhanced the quality of the overall humanitarian response, and if so what specific features of CHF have contributed to these improvements?  
Has the CHF contributed to ensuring duplication of activities is avoided and gaps within the system have been filled?  
Is there any evidence that (a) more organizations participate in the joint planning process (CAP/Sudan Work Plan) following the introduction of the CHF & (b) More organizations participate in cluster coordination meetings following the introduction of the CHF?  
To what extent has CHF funding been able to correct imbalances in funding levels for the CAP/Work Plan?  
To what extent has CHF funding been channelled to the highest priority areas (geographical, thematic, sectoral) within the overall response?  
Has the CHF helped to bring in new donors to the country? |
| **Cluster leads/co-ordinators** | Do more organizations participate in cluster coordination meetings following the introduction of the CHF?  
How do you ensure that agencies receiving the CHF have a real comparative advantage in relation to their past performance?  
Has the CHF (and related enhancement of clusters’ mandate to advise on priorities) had a positive or negative impact on the way different clusters work?  
Has the CHF contributed to ensuring duplication of activities is avoided and gaps within the system have been filled?  
To what extent has CHF funding been channelled to the highest priority activities within clusters?  
To what extent are Cluster leads able to use CHF as a tool to incentivize coordination? |
- As a result of the CHF have the Cluster identity and role of the cluster lead been strengthened through improved cohesiveness of cluster operations, including planning and allocations?*
- Are cluster leads operationally present in all cluster areas?**
- Has the CHF in any respect encouraged clusters to give a higher priority in their discussions to gender issues?
- Given the growing recognition of the need to address Early Recovery issues at an early stage in a response, have clusters been able to recommend any CHF funding for Early Recovery?

**Donors** (in-country)

**Overall:**
- How good a ‘fit’ is there between the donors’ country strategy and what the CHF is doing?
- What is the value added of having a CHF as a complement to other funding streams?
- What are their perceptions of the CHF’s efficiency & effectiveness, and whether these have improved or declined since 2008?
- Does the CHF involve higher or lower transaction costs for donors than other types of funding?
- Compared to bilateral funding, does the CHF offer a donor ‘value for money’ in relation what is able to achieve?
- Has the quality of CHF’s monitoring, reporting, and evaluation improved or not since 2007? (Ask for examples)
- What more general lessons have emerged regarding the design of CHF’s in other countries?

**Non-donors**

- View of strengths & weaknesses of the CHF?
- How closely are they engaged in the CHF in-country even though not funding it?
- What changes would have to be made in the way in which the CHF is managed before they would recommend that their agencies/governments funded it?
ANNEX VIII - BIBLIOGRAPHY

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Informations have been downloaded from the following websites:
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http://mdtf.undp.org
http://www.reliefweb.int/fts
http://cerf.unocha.org
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