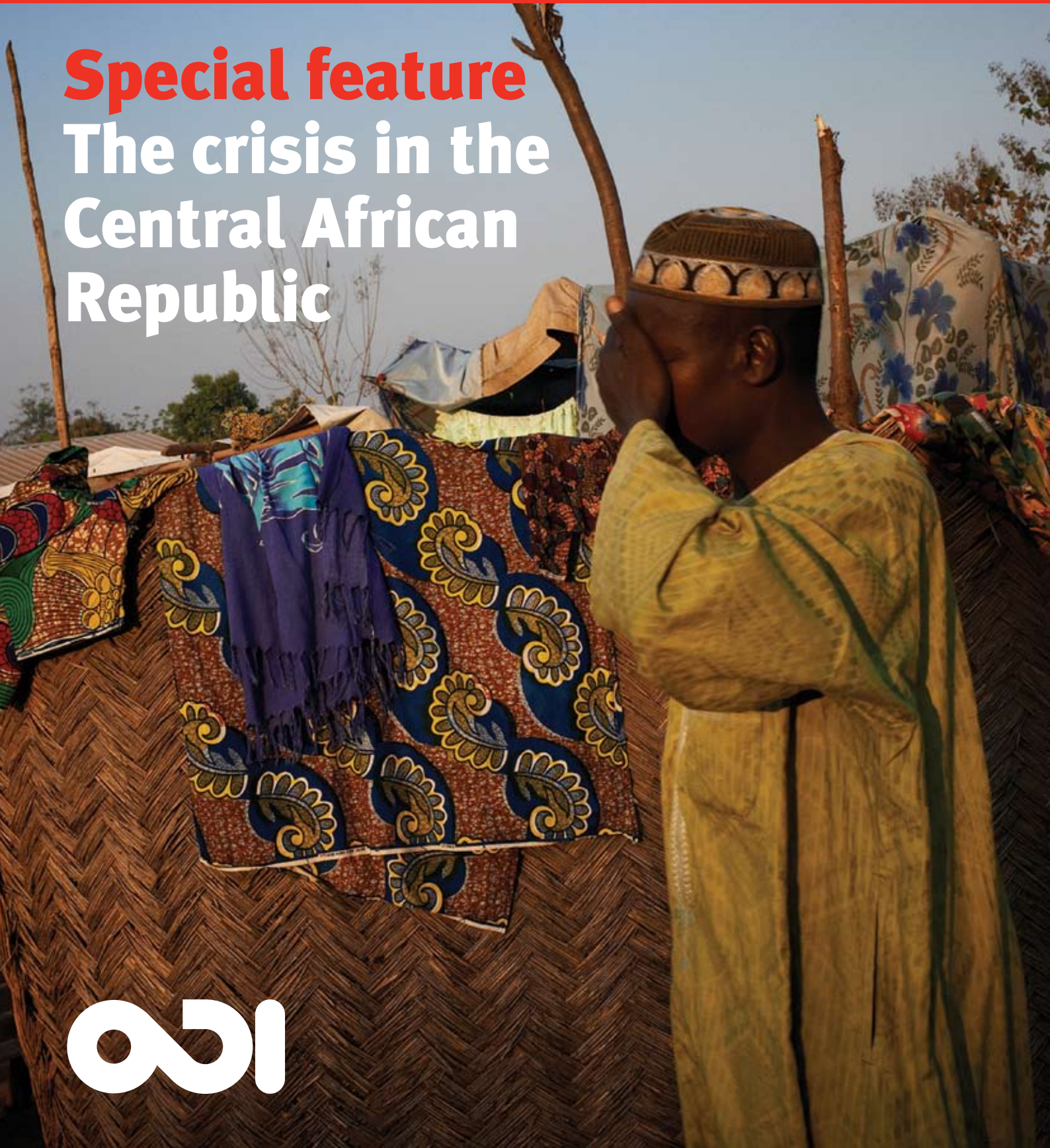


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About HPN

The Humanitarian Practice Network at the Overseas Development Institute is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience. The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.

Cover photo: An internally displaced man walks through the grounds of Ecole Liberté, an IDP camp in Bossangoa

© S.Phelps / UNHCR

Editorial photo: People line up at the MSF clinic at Bangui airport

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Editorial



This edition of *Humanitarian Exchange* focuses on the crisis in the Central African Republic (CAR), where spiralling violence has left thousands dead and more than a million displaced. In her lead article, Enrica Picco highlights the slow and inadequate response to the crisis, and questions whether the humanitarian system has the will and capacity to respond in such contexts. Alison Giffen and Marla Keenan argue that protecting civilians should be the top priority of MINUSCA, the new peacekeeping mission, while Emma Fanning emphasises the need for the mission to safeguard the distinction between humanitarian and political and military decision-making. Josep Zapater explores strategies to protect Muslims besieged in Bangui, and Anthony Neal reports on efforts to promote reconciliation and enhance social cohesion. Jacobo Quintanilla and Jonathan Pedneault discuss the role of the local media in enhancing dialogue and reconciliation. David Loquercio reflects on his temporary deployment to CAR as an interagency coordinator responsible for promoting accountability, and Keith Chibafa reports on a pilot of a digital system to manage relief distributions.

Sean Maguire outlines the International Committee of the Red Cross' support for health services, and Diana Trimiño Mora and her co-authors describe the International Rescue Committee's efforts to address violence against women and girls. Finally, Lola Wilhelm presents the key findings from the Assessment Capacities Project's recent analysis of humanitarian needs assessments.

Articles in the Practice and Policy Notes section discuss lessons from UNMISS' experience of protection of civilians sites in South Sudan, the use of social protection systems to implement emergency cash transfers in Lesotho and lessons on engagement with armed groups in Afghanistan and Somalia.

As always, we welcome any comments or feedback, which can be sent to hpn@odi.org.uk or to The Coordinator, 203 Blackfriars Road, London SE1 8NJ.

Central African Republic: fragile state, fragile response

Enrica Picco

The Central African Republic (CAR) has finally found a place on the geo-political map of the region, mainly due to the wave of violence that has engulfed the country since September 2013. However, even before then the country was gripped by a silent and chronic crisis that deserved – but failed to get – international attention. Years of ignoring the dire humanitarian conditions endured by people in CAR prepared the ground for the difficulties being experienced in responding to the current crisis.

A silent crisis

Recent events in CAR come on top of a slow-burn but long-term crisis. In 2011, Médecins Sans Frontières (MSF) reported mortality rates above the emergency threshold, especially for children under five, even in areas not affected by conflict.¹ It also found high mortality and morbidity caused by easily treatable and preventable diseases (malaria, HIV/TB and malnutrition) and a phantom healthcare system, lacking facilities, skilled medical staff, diagnostic and treatment tools, medical supplies and disease surveillance.

At that time, few international NGOs were working in the country, and those that were were mainly in conflict-affected areas such as the south-east, which attracted attention because of the presence of the Ugandan Lord's Resistance Army. It is common opinion that UN agencies played a very marginal role and were short of both qualified international staff and funds (the Consolidated Appeal was funded at just 48.4% in 2010 and 45.9% in 2011). Formal and informal gatherings of international NGOs in Bangui were characterised by a general feeling of resigned hopelessness in the face of the frequent diversion and mismanagement of international funding. As a result, in a country largely dependent on external assistance, new initiatives were limited, leading the main donors to either leave the country or drastically reduce their presence.

A humanitarian vacuum

The rapid takeover of power by the Séléka in March 2013 was followed by weeks of chaos, with robberies and looting across the country. All the international NGOs and UN agencies working in CAR at the time were affected. Six UN offices were attacked in April 2013 and all lost significant quantities of goods. The near-unanimous response was

¹ 'Central African Republic: A State of Silent Crisis', Médecins Sans Frontières, 13 December 2011.



Displaced people at Bangui airport

© Juan Carlos Tomasi/MSF

immediately to evacuate all national and international staff from their bases outside the capital. The UN closed down bases in Bouar, Paoua, Kaga-Bandoro, Bambari and Ndele. Some organisations (such as OCHA, UNICEF, PAM and WHO) remained in Bangui with a reduced team and higher security (for example wearing bullet-proof jackets); other organisations (such as UNHCR) withdrew from the country completely.

Despite the increasing insecurity, it was possible to remain in the field. For instance, although MSF offices and houses were robbed and seven of its vehicles stolen, and some teams were evacuated, health facilities supported by MSF were never completely shut down. Continuing to work in this environment was especially important due to the increase in humanitarian needs: in the summer of 2013, OCHA estimated that there were 400,000 people displaced across the country – four times as many as before the crisis. As a result of their displacement, people had increased exposure to diseases, particularly malaria, the primary cause of morbidity and mortality in the country. In MSF health facilities, malaria cases increased by 33% in the first quarter of 2013 compared to the same period in 2012.

Aid agencies' withdrawal from areas outside the capital not only left thousands of people without assistance, but it also led to them progressively losing touch with the pulse of the country and forfeiting their understanding of the context. The presence of new and unknown armed groups was taken as justification for not basing staff in remote

areas, instead of sending analysts to better understand the context, or sending experienced international staff to engage with these groups.

In August–September 2013, especially in the Ouham region, self-defence groups known as the anti-Balaka started to attack the Séléka fighters and to take revenge for months of abuses. Aid agencies present in Bangui were starting to carry out some assessments in the field, but the poorly funded Consolidated Appeal for 2013 (at only 35%) did not allow them to set up permanent bases. This period also marked the beginning of an unprecedented protection crisis: extended human rights abuses committed by all the parties to the conflict inflicted deep and potentially long-term damage on Central African social structures. The most affected was the Muslim community, forced to either leave or die: it is estimated that almost 150,000 Muslims have fled Bangui and western regions, mainly by plane or truck, towards Chad and Cameroon. Many of them have died on the road; thousands are sequestered in enclaves, schools and religious compounds, under the protection of international forces.

The fact that most international NGOs were still absent from the field had two consequences: first, there were very few actors able to respond to the needs of the displaced; second, the simple fact of their absence may have contributed to the insecurity felt by civilians exposed to the conflict. Bossangoa, a town to the north of Bangui, is emblematic of this: following anti-Balaka attacks in September 2013, some 30,000 people were forced to leave their homes, seeking refuge in the compound of the Catholic Church, which put in place the very first relief intervention. The displaced, terrified by the violence they had experienced, were left for weeks without any basic humanitarian assistance. ACF and MSF were the first to assess the town's camps, where people were living without shelter, without an adequate water supply (just 7.8 litres per person per day, when the minimum standard should be 15–20 litres), and without sufficient latrines (one for each 166 users, instead of one for each 20 users – and no showers). It took almost two months, and extensive advocacy and media coverage of these living conditions, before other aid actors mobilised their resources, despite the fact that Bossangoa is only 300km from the capital and is connected to it by one of the very few tarmac roads in the country.

The UN response

It took the dramatic escalation of the conflict in December 2013 – with an anti-Balaka attack on Bangui and the brutal communal violence that followed – to make everybody finally realise the magnitude of the crisis. Throughout 2013, MSF progressively expanded its advocacy and lobbying efforts to keep the situation in CAR on the international agenda and to call for an immediate scaling up of humanitarian assistance. In parallel, ECHO significantly strengthened its capacity to respond in the country and took over important coordination tasks from the UN. MSF's efforts culminated on 12 December 2013 with an open letter to the UN Under-Secretary-General for

Humanitarian Affairs and Emergency Relief Coordinator² that severely criticised the UN aid system's response to the tragedy unfolding in CAR.

The previous day, on 11 December 2013, the UN system had reviewed its classification of the Central African crisis and upgraded it to Level 3, the level of maximum emergency. This was meant to allow UN agencies to scale up their interventions by increasing the funds available, simplifying procedures and mobilising senior experienced international staff from other missions. Unfortunately, this was late in coming (nine months after the coup) and was not on a sufficient scale to drastically boost the UN's response where it was most needed.

This became clear during the emergency in Bangui. In January 2014, OCHA estimated that there were more than 500,000 displaced people in the capital alone, comprising about 70% of the city's population. Fleeing the violence between ex-Séléka³ and anti-Balaka forces, civilians were leaving their houses and seeking refuge mainly in religious compounds. Some 100,000 people occupied the airport of M'poko, feeling more protected because of the presence of international troops nearby. This unprecedented exodus happened in full sight of the humanitarian community, but still the reaction was very modest.

Despite the presence of about 20 of the biggest international NGOs and UN agencies in the capital, initially only a few of them mounted a proper response to the displacement in the town. Later, when it was clear that people were too scared to return home and a massive humanitarian intervention in the camps was needed, arguments began over whose responsibility it was to intervene. In public and private meetings, UN agencies complained about the lack of implementing partners, while international NGOs claimed they needed more support from the UN in needs assessment, security analysis and funds.

The measles vaccination campaign of early January 2014 offers a clear example. Facing the risk of an outbreak, instead of immediately starting a campaign in the city's IDP camps, where some NGOs were ready to intervene, WHO preferred a coordinated, slower approach through the Health Cluster. MSF publicly criticised this delay and began a vaccination campaign in the camps at Don Bosco, M'poko, Monastère Boy-Rabe and Charles Lwanga. It was a similar situation with support to local ambulances: MSF put fuel at their disposal but it was refused by WHO, and it took them two weeks to provide support. Meanwhile, hundreds of civilians were being killed on the streets of the capital.

One of the most concerning situations has been in M'poko camp. The first food distribution was done by WFP on 12 December 2013, but it was badly organised in terms of location (on the outskirts of the camp) and crowd control. The resulting tensions meant that distributions were suspended for three weeks. By May 2014, with the oncoming rainy season threatening to make M'poko camp

² See <http://www.msf.org.uk/article/car-open-letter-united-nations>.

³ The Séléka was dissolved as a rebel group on 13 September 2013.

uninhabitable, no alternative solution had been identified for the 40,000 people who remained there. Since the end of February, UNHCR has suspended distributions of shelter, food and non-food items in the camp to encourage people to return to their neighbourhoods, without taking into consideration the reason why people are reluctant to leave – namely the visceral fear of further attacks, rather than the privileges of humanitarian assistance, as shown by surveys carried out in the camps. Despite several proposals – from identifying alternative sites to the draining of the camp – the rains have already flooded the area but no consistent measures have been taken.

Conclusion

Underfunding is uniformly cited as the principal reason for the lack of response to the crisis in CAR, as acknowledged by the Operational Peer Review carried out by the Inter-Agency Standing Committee (IASC) in March this year.⁴ This is immediately evident from current funding levels: although \$254 million was pledged at the beginning of 2014 at the High-level Meeting in Brussels, governments kept delaying its effective disbursement. CAR is going from being forgotten to being ignored.

However, limiting the analysis of the aid response in CAR to underfunding – however significant – would be to oversimplify the reality. The root causes of the lack of reaction by the humanitarian community to a crisis taking place before everybody's eyes go back to the silent crisis referred to at the start of this article. Even before recent events, CAR was generally regarded as a fragile state, with poor governance, dysfunctional services and a chronic conflict. The Séléka coup added a huge humanitarian crisis to the pre-existing chronic one, in terms of the numbers of direct victims of violence, internally displaced

⁴ Operational Peer Review, 23 March 2014: 'Internal Report: Response to the crisis in Central African Republic – Review mission: 24 February – 4 March 2014'.

people and refugees in neighbouring countries. Would it be reasonable to say that the humanitarian system was not prepared for this because of its own limitations in dealing with fragile countries?

Historically, humanitarian intervention in CAR has always expanded and contracted like an accordion: an influx of aid organisations during conflict peaks (as in the late 1990s, 2002–2003 and 2006–2007), followed by their departure as soon as the acute crises are over. Over the years, however, the baseline of the intervention – marked by the fragility of the state system – became progressively lower. This has always been justified by the challenge of working in a context oscillating between emergency and development, with humanitarian actors eager to disengage quickly after the peak of the crisis, and development partners reluctant to invest in a country that lacks the capacity to carry out long-term programmes.

In 2012, just before the recent crisis began, the overall picture of the humanitarian presence in the country was distressing: a handful of actors were struggling to provide aid with only half of the requested funds available – a situation that goes some way to explaining the enormous difficulties in making the turnaround necessary to respond to the recent humanitarian crisis, which required deploying enormous resources in a short period of time. Considering that the situation is expected to deteriorate further, the aid system should commit to CAR for a longer period, extending beyond the acute crisis. Only in this way will it be able to establish appropriate expertise and presence country-wide, and be able to respond to the enormous needs of the population. The question now is whether donors, NGOs and UN agencies are willing to make this commitment and invest in intervention mechanisms suited to the crisis in CAR.

Enrica Picco is humanitarian affairs advisor for Médecins Sans Frontières.

Prioritising Protection of Civilians in peacekeeping in the Central African Republic

Alison Giffen and Marla Keenan

The crisis in the Central African Republic (CAR) has resulted in more than 300,000 refugees and over 630,000 internally displaced people as of June 2014.¹ Thousands of people have been killed. The international community turned to African and European forces and the United Nations to deploy troops to stabilise the country and stop the violence. The mosaic of international forces on the ground has faced two challenges: how to protect people from diverse and abundant threats and how to avoid harming civilians in the process. These challenges will not disappear

¹ UNHCR, 'Fact Sheet 31 March 2014 UNHCR Operation In: Central African Republic (CAR)', <http://www.unhcr.org/51498a7d9.html>; OCHA Central African Republic, 'Key Figures', <http://www.unocha.org/car>.

when regional forces are re-hatted on 15 September 2014 under the auspices of the UN Multidimensional Integrated Stabilization Mission in CAR (MINUSCA).

Defining PoC

The protection of civilians (PoC) has two distinct conceptual meanings, both of which are critical in a context like CAR:

- First, PoC refers to preventing or mitigating deliberate violence against civilians, which includes direct threats to individuals and communities – acts that cause physical harm or displacement, deny freedom of movement or compromise access to livelihoods and essential services.



© Catianna Tijerina/UN photos

A MINUSCA peacekeeper briefs truck drivers en route to Bambari, CAR

- Second, PoC refers to measures that ensure international interventions (political, economic and military) comply with international law and do not cause further harm to civilians.

Context

In December 2012, rebels from the marginalised, largely Muslim north of the country created a loosely affiliated armed group called the Séléka and moved towards Bangui, the capital, ousting President Francois Bozize. On their way to and while in Bangui, the Séléka committed numerous massacres and rapes, as well as looting, burning homes and destroying villages.

Séléka leader Michel Djotodia, who had taken over the country following the coup, stepped down in January 2014, allowing for a transitional government to be installed. The fractured Séléka retreated from Bangui back to the north and east of the country. Militias associated with communities that had suffered under the Séléka mobilised. These primarily Christian ‘anti-Balaka’ militias targeted Muslims and anyone perceived as not supporting them.

The French government sent in a force called Operation Sangaris in December 2013 – originally 1,600 troops but later increased to 2,000 – to help stabilise the country and protect the airport. There was already a small African force on the ground. As violence escalated with the rise of the anti-Balaka in late 2013, the United Nations authorised an expansion of the African force into the African Union Mission in the Central African Republic (MISCA). In January 2014, the European Union authorised EUFOR-RCA to deploy 600 troops (later augmented to 1,000). Finally, in

April 2014, the UN Security Council authorised MINUSCA, a UN peacekeeping force comprising 10,000 troops with a mandate to protect civilians. The Security Council also authorised the re-hatting of MISCA under the new MINUSCA operation on 15 September 2014.

Protection challenges in CAR

As with most peacekeeping operations, expectations of MINUSCA far exceed what it can deliver. UN peacekeeping operations face many obstacles to deploying quickly and effectively to protect civilians, including unpredictable, diverse and dynamic threats in-theatre. But effective protection requires detailed planning. It requires a peacekeeping operation to identify perpetrators, their means and motives; the victims, their vulnerabilities and self-protection measures; and how protection actors, including the peacekeeping operation itself, are perceived.² MINUSCA faces a number of challenges in this regard. Initial international operations were designed and deployed to address the Muslim Séléka militia, and had to change plans mid-stream as the anti-Balaka Christian militia increased in both strength and numbers. However, MINUSCA will have to address ongoing Séléka abuses and plan for a possible re-emergence of Séléka, despite its retreat to the north and east of the country after the resignation of Séléka leader Djotodia in January 2014.

The anti-Balaka pose a particularly difficult threat. The term anti-Balaka is used to describe diverse forces that can be loosely categorised into three groups: a better-

² Alison Giffen, *Community Perceptions as a Priority in Protection and Peacekeeping*, Civilians in Conflict Issue Brief 2, Stimson Center, October 2013.

armed faction with some command and control, supported by political and economic powerbrokers in the region; militias that want justice for Séléka abuses and other perceived wrongs; and criminal gangs taking advantage of a context of total impunity. Some anti-Balaka use relatively advanced weapons; others use home-made weapons or machetes. Their tactics can include burning villages, looting, extrajudicial killings and sexual violence. Each type of threats requires a tailored strategy to deter or neutralise violence against civilians.

A second set of challenges includes the threats that peacekeepers face and how to respond without causing harm to civilians. The situation is polarised between civilians who are perceived as supporting the anti-Balaka and those who are perceived as supporting the Séléka. As a result, international troops struggle to maintain perceptions of impartiality when carrying out their PoC activities. The French have been perceived as protecting non-Muslims, whereas some MISCA contingents are perceived as protecting only Muslims. This has contributed to attacks on international operations. Representatives of these operations have highlighted how difficult it is to protect civilians in Bangui, where it is hard to distinguish between civilians and armed actors.³

In this difficult environment, despite their best efforts, peacekeepers are likely to cause civilians to be put inadvertently in harm's way. African Union forces have returned fire into populated areas in order to protect themselves and civilians under imminent threat. French forces have also used force to suppress attacks against themselves and civilians.⁴

Prioritising protection

Given these challenges, MINUSCA will need to sequence its objectives and activities. Its initial mandate includes a number of peace, security and state-building tasks. The mandate takes a phased approach, outlining initial priorities and then requesting planning for additional tasks as conditions permit. Even so, the mandate includes an extensive list of 29 priority and six additional tasks, with little indication of how they should be sequenced. These tasks will compete with each other for mission resources, detracting from immediate PoC needs and objectives.

While the majority of the priority tasks directly contribute to PoC, some require additional assessment to ensure that they do not exacerbate violence, and may take years to implement. For example, protecting civilians from the threat of physical violence, promoting and protecting human rights and facilitating humanitarian assistance are immediate needs; extending state authority, support for the rule of law and the disarmament, demobilisation, rehabilitation and reintegration of armed actors require far more assessment and planning.

The two key concepts of protection of civilians described above should be integrated into MINUSCA's overall

Concept of Operations (CONOPS) as well as the CONOPS of each mission component – military, police and civilian. CONOPS should include a detailed assessment of the threats to and vulnerabilities of civilians, including how to prevent and address them. They should also address how to proactively prevent and appropriately respond to any harm arising from the actions of peacekeepers themselves.

The CONOPS and subsequent PoC strategy should be coordinated with EUFOR-RCA and Sangaris to ensure complementarity and facilitate cooperation. As this article was being researched and written, operational planners were emphasising PoC in MINUSCA's CONOPS, but it was unclear whether or how protection would be prioritised in the final version and throughout implementation.⁵

In addition, all civilian, military and police components of peace operations should be trained on international human rights and humanitarian law, the practical application of rules of engagement, proactive prevention and mitigation of deliberate violence against civilians and appropriate responses to civilian harm caused by peacekeepers. These topics should be extensively covered in pre-deployment and in-theatre training. Training and planning should also take place between the military, police and civilian components of the mission. All training should be primarily scenario-based to ensure that peacekeepers and civilian mission staff are not only aware of these concepts, but also know how to implement them in the context of CAR.

Intelligence, communication and coordination are key components of effective PoC in peacekeeping. However, MINUSCA is presented with particular challenges in this area given the many international actors involved. Sangaris and EUFOR-RCA should second personnel to MINUSCA's Joint Mission Analysis Center (JMAC) to facilitate communication, the exchange of intelligence and more coherent operational decision-making between protection actors.⁶

MINUSCA will need to rapidly recruit Community Liaison Assistants (CLAs) – civilian personnel, ideally CAR nationals, who facilitate communication between conflict-affected communities and MINUSCA military and police units. These CLAs should focus on protection issues, including helping MINUSCA military and police to understand the security priorities of communities and provide feedback to communities about MINUSCA's activities and limitations.

MINUSCA should plan and immediately institute robust policies to mitigate civilian harm as a result of the actions of peacekeepers. It is important to ensure that commanders issue practical guidance, and that soldiers are fully trained on how to implement the rules of engagement.

⁵ Author interviews, New York, April 2014.

⁶ UN peacekeeping operations have mechanisms including a Joint Mission Analysis Center (JMAC) and a Joint Operations Center (JOC) to ensure that peace operations have integrated operations monitoring, reporting and information analysis hubs. Adapted from UN DPKO, 'Joint Operations Centres and Joint Mission Analysis Centres', DPKO Policy Directive, 1 July 2006.

³ Author interviews with international operations' representatives, Bangui, March 2014.

⁴ Author interviews with international operations' representatives, Bangui, March 2014.

One emerging tool to help peacekeeping missions better understand protection threats and their impact on civilians is the Civilian Harm Tracking, Analysis, & Response Cell (CHTARC).⁷ A fully resourced cell – including staff, hardware and software – can gather and analyse information on civilian harm to help missions proactively identify where their operations may be risking harm to civilians, and how policies and practices can be amended to better avoid harm. It can also provide the mission with the information it needs to respond appropriately to any alleged civilian harm. The CHTARC could also provide important information for reporting to the UN Security Council, as required in the mandate.

Short of implementing a full CHTARC, the mission can still focus attention on mitigating civilian harm. A senior advisor to the Force Commander should be appointed to serve as a focal point for information and analysis on the impact of the mission on civilians, including practical guidance on how to minimise risk of harm, ways to address harm when it occurs and how to adjust tactics to avoid harm.⁸

In addition, whenever it is known or alleged that military or police units have caused harm to civilians, the mission should immediately investigate, relay findings to the local population and offer apologies and other culturally appropriate dignifying gestures (monetary payments, in-kind gifts) for verified losses – even when the harm is accidental or incidental. Any illegal acts should of course be immediately referred to the appropriate legal mechanisms. A formal policy detailing this response would ensure that local anger over losses does not undermine the mandate. Such a policy could be implemented by the CHTARC.

The UN requires peacekeeping operations to apply the UN Human Rights Due Diligence Policy to avoid supporting individuals or units of the host state's security forces

⁷ The African Union Mission in Somalia (AMISOM), while very different from the mission in CAR, is currently implementing a cell of this type.

⁸ The first 'civilian risk mitigation advisor' (CRMA) position was created for MINUSCA in July 2013, but has yet to be filled.

that have committed human rights abuses. The policy is relatively new, and it can take a long time for peacekeeping operations to establish an effective system. Governments with extensive experience of vetting foreign security forces, such as France and the US, could help MINUSCA to develop a vetting system to support the international security forces on the ground. This system should be embedded in MINUSCA. Although currently limited to state security forces, the vetting system should be expanded to include civilian state authorities in the government of the CAR.

Conclusion

The UN Security Council has begun to direct peacekeeping operations to prioritise protection in mission mandates, and the UN Department of Peacekeeping Operations (DPKO) has made significant strides in developing guidance that defines the protection of civilians in peacekeeping and assists peacekeeping operations in prioritising resources to protect civilians. However, peacekeeping operations are increasingly deployed into complex environments with high levels of violence deliberately targeted against civilians, committed by diverse actors, using different tactics and driven by various motivations. In contexts like CAR, peacekeeping operations are also a direct target as a result of perceived partiality.

These operations' credibility and legitimacy are easily tarnished in such complex environments, further undermining their ability to protect civilians and themselves. To avoid this and increase the ability of peacekeeping operations to protect civilians, the UN Security Council and DPKO need to do more to prioritise immediate protection needs from the earliest stages of assessment and planning, prior to and during deployment and throughout the implementation of the mandate.

Alison Giffen is a senior associate and co-director of the Stimson Center's Future of Peace Operations programme, and leads Stimson's Civilians in Conflict project. **Marla Keenan** is managing director at the Center for Civilians in Conflict.

Safeguarding distinction in the Central African Republic

Emma Fanning

The Central African Republic (CAR) government, regional and donor governments, humanitarian organisations and faith leaders agree that a comprehensive security, political and humanitarian approach is needed in the CAR. However, in CAR's complex operating environment the approaches and goals of these different tracks vary. Political and security efforts are needed to help the government re-establish basic security and state administration. These efforts take a robust stance against armed groups and support the restoration of the state. Humanitarians on the other hand aim to alleviate suffering and need community acceptance and agreement from armed actors in order to access vulnerable people across shifting front lines.

Whilst political, security and humanitarian activities may have a shared vision for the country, as the United Nations Multi-dimensional Stabilisation Mission for Central Africa (MINUSCA), the new UN mission for CAR, is established, safeguards should be put in place to ensure that humanitarian decision-making is distinct from political and military efforts, and that humanitarian actors are perceived as neutral and independent, enabling acceptance and access. These safeguards include strategic decisions about mission structure and operational mechanisms that maintain a distinction in actions, visibility and communications. Whilst lessons from peacekeeping missions in other countries show how



© Vincent Tremeau/Oxfam

A MISCA soldier on patrol in Bangui

difficult it is to get this right, investment in doing so now will pay long-lasting dividends.

Context

CAR is deteriorating into a chronic conflict, and both humanitarian aid and the UN mission are likely to be needed for years. The country risks de facto division, with ex-Séléka forces dominant in the north and east, and anti-Balaka dominating the south and west. In many areas the state has all but stopped functioning, main traders (largely Muslims) have been forced out, markets have broken down and the planting season has been missed. The operating environment for humanitarian actors is very difficult, not least due to humanitarian aid being the only injection of resources into the collapsed economy; several organisations have temporarily suspended operations in some areas due to insecurity. Whilst attacks against humanitarians have long been part of the operational environment in CAR, they are currently the main access constraint; according to OCHA, 72% of the 890 incidents between January and July 2014 were due to violence against humanitarian personnel or assets.¹

Perceptions of peacekeeping operations in CAR

Current peacekeeping operations are a long way from establishing security across the country. At the time of writing, there are three peacekeeping missions in CAR: the African Union (AU)'s International Support Mission to the Central African Republic (MISCA), due to become MINUSCA on 15 September; the French operation Sangaris; and the

European Union Force (EUFOR).² When Sangaris and MISCA arrived in mid-December 2013, it was expected that a short, sharp burst of force would bring armed actors under control, paving the way for a UN peacekeeping mission. This improved security remains elusive.

Neither MISCA nor Sangaris is perceived as neutral by the local population. On arrival in the country both missions were tasked with controlling Muslim militia (the Séléka). In January the situation rapidly changed as President Michel Djotodia resigned and Muslims became the target of attacks. It took several weeks for international peacekeepers to alter their strategies to protect them. While Chadian troops were perceived as supporting Muslims, troops from some other countries were initially perceived as being pro-Christian.

As MISCA and Sangaris became involved in forcible disarmament targeting Christian militia (the anti-Balaka) from mid-February, perceptions of their partiality changed, and they were seen as being pro-Muslim. When French troops allegedly killed several civilians in Grimari in April 2014, one woman complained 'We thought the French had come to save us but they have murdered our children'.³ The difficulty in distinguishing between civilians and armed actors further complicates protection efforts. In some cases armed actors have used civilians, including women and children, to front demonstrations which have turned violent. Whilst there is no civilian casualty tracking system within either MISCA or Sangaris, there

² In mid-June, EUFOR was just starting to reach initial operational capacity, so this article does not discuss it.

³ See <http://reliefweb.int/report/central-african-republic/centrafrique-la-population-de-grimari-en-rage-contre-la-force-fran>.

¹ See http://reliefweb.int/sites/reliefweb.int/files/resources/AccessHum_CARjuly_2014.pdf.

have been reports of civilians being killed by MISCA troops. Allegations of misconduct and human rights abuse by some contingents further complicate relations and create mistrust between particular communities and peacekeepers.⁴ At the same time, MISCA and Sangaris are targeted in regular attacks because they are seen as supporting the other side.

Civilians have high expectations of peacekeeping forces. To date, where either MISCA or Sangaris have deployed, their role in protection has been largely welcomed by communities, and their influence on the situation is notable. However, the number of peacekeeping troops in the country is not sufficient to protect all civilians, and MISCA, particularly since the departure of over 800 Chadian troops in April, lacks the manpower, logistics and communication equipment to rapidly respond to new protection threats or consistently secure critical areas. Experience from peacekeeping missions in the Democratic Republic of Congo (DRC), Darfur and South Sudan shows that, when high expectations are not met, relations quickly turn sour. Any misconduct by peacekeeping forces, as has happened in other peacekeeping contexts, risks damaging relations and trust between peacekeepers and communities, affecting perceptions and undermining the capacity to protect.

It does not seem probable that MINUSCA, which like MISCA has a Chapter 7 mandate, will immediately be perceived as distinct from MISCA. As much of MISCA will be rehatted into MINUSCA, communities are unlikely to perceive a significant change, as few did in Mali in 2013 when the AU mission AFISMA became MINUSMA. Additionally, while a slight increase in troop numbers in regional force headquarters is expected as MINUSCA becomes operational, given CAR's lack of geopolitical strategic importance, it remains to be seen whether the full complement of 10,000 troops and 1,800 police, the budget and the equipment needed will be found. There is unlikely to be an immediate significant difference in MINUSCA's operational capacity, and therefore a change in people's perception of it.

Perceptions of political interventions

Along with Protection of Civilians (PoC), MINUSCA's priority will be to establish state authority across the country, working closely with the current government. However, whilst President Catherine Samba-Panza was widely welcomed in early 2014, competing political interests and the economic and security crisis facing the state present multiple challenges for the government. Moreover, there is a long history of international involvement in CAR, particularly during shifts of power.⁵ Sangaris and MISCA troops are often perceived as looking after national interests, not least when some MISCA troops have been deployed along their own

borders. MINUSCA is mandated to facilitate elections 'no later than 15 February 2015', a task that is inherently political and risks being manipulated, further politicising perceptions of the mission.

Distinction in operations

Humanitarian action aims to alleviate suffering on the basis of impartiality. To ensure access to populations in need of assistance, community acceptance and the agreement of armed groups is essential. In order to maintain access, humanitarian action must be seen as independent of national and international political agendas, and perceived as not supporting any side in the conflict.

In CAR ensuring that populations understand the different goals of humanitarian, political and military activities is difficult. The history of foreign intervention in the country and the simultaneous arrival of peacekeeping troops and many humanitarians confuse the distinction between the various actors. This is compounded by localised specificities in conflict dynamics, the fragmentation of armed actors and their lack of cohesive command and control structures. Whilst difficult to substantiate in a context of generalised criminality, there are regular rumours of armed actors targeting certain nationalities and religious affiliations, and an apparent conflation of humanitarian and political action.

Armed escorts from peacekeepers are often the most visible symbol of close collaboration between missions and humanitarians, and are likely to influence community perceptions of neutrality. In some cases the use of armed escorts has been unavoidable, particularly when supporting the movement of trapped Muslim populations. In other cases, some humanitarian actors have chosen to request escorts to mitigate security risks. These decisions by individual organisations influence perceptions of the proximity of humanitarian action to peacekeepers, and therefore their neutrality.

The actions and communications of peacekeepers also blur distinctions. MISCA has referred to its work as humanitarian, particularly around convoys on the road to Cameroon, which have had a significant impact on food security and allowed many people to flee the country. In some areas where there is no humanitarian presence MISCA troops have provided medical services for local people. Meanwhile, French troops have distributed teaching equipment in Bangui and EUFOR is anticipating implementing Quick Impact Projects (QIPs) which, if they look like work that humanitarians would usually do, again risk blurring the distinction between humanitarian, military and political activities.

Where are we now?

As MINUSCA is established, decisions about structure are being made. However, certainly to international NGOs, it is not clear who is making them, how or where they are being made. Greater transparency and inclusion in the process are important in ensuring these decisions are suitable for the context and have wide buy-in.

⁴ See <http://www.hrw.org/news/2014/06/02/central-african-republic-peacekeepers-tied-abuse>.

⁵ France, Chad and Libya have all been accused of supporting coups in CAR, and to date six of the seven power changes since independence in 1960 have been internationally backed.

All multi-dimensional UN peacekeeping and political missions are integrated: MINUSCA is no exception. Peacekeeping, political and humanitarian tracks are expected to share analysis and planning at strategic level and a common UN vision, priorities and responsibilities to ensure that all departments work towards peace consolidation. *How* departments work together and how far they are *structurally* integrated is a decision which, according to the UN's Integrated Assessment and Planning (IAP) policy, should be based on context.

Mission structure has implications for how decisions are made and resources dedicated, and how closely departments are interlinked. Eight of the ten UN peacekeeping missions with Protection of Civilian mandates⁶ are currently *structurally* integrated and the Deputy Special Representative of the Secretary General (DSRSG) is 'triple hatted' as UN Resident Coordinator, Humanitarian Coordinator (HC) and deputy to the Special Representative of the Secretary General (SRSG). In the mission structure, the reporting of the humanitarian line to an SRSG who is also responsible for military and political interventions risks subsuming humanitarian objectives to other goals. At the time of writing the HC is outside MINUSCA's structure, and humanitarian decisions have been made largely independently of political and military ones, on the basis of vulnerability and need.⁷ However, in other peacekeeping missions there have been examples of political considerations outweighing humanitarian ones, for example in the allocation of funds.⁸

The process for making decisions about mission structure is laid out in the IAP policy (April 2013) and the Inter-Agency Standing Committee (IASC) guidelines *A Framework for Integration* (July 2013). The IAP policy states that, before the peacekeeping mission is established, an integrated strategic assessment must be made to orientate the mission. Guiding principles include inclusivity, form following function, flexibility to context, recognition of the diversity of UN mandates and principles and an up-front analysis of risks and benefits. The policy states that 'most humanitarian interventions are likely to remain outside the scope of integration, which can, at times, challenge the ability of UN humanitarian actors to deliver according to humanitarian principles'.

The IASC guidelines for Humanitarian Country Teams (HCTs) lay out steps for risk analysis to inform decisions on

structural integration. These guidelines provide a series of questions that should be asked in deciding the structure of the mission, and outline the process by which decisions should be made – through an Integrated Strategic Assessment, a Technical Assessment Mission (TAM) and strong inputs from the HCT. The guidelines are clear that participation needs to be inclusive and the process transparent. They recognise that triple hatting is an option, but 'should not be the default'. Care is cautioned in moving too fast towards visible integration: 'once relationships between humanitarian actors, local population and parties to conflict are damaged, confidence in the neutrality, impartiality and independence of humanitarian operations ... is extremely difficult to regain'. Although a TAM took place in February 2014, discussions about the structure of the mission were avoided in order to focus on the support that the CAR desperately needed.

In mid-June the HC initiated a risk assessment by the HCT. At the time of writing many humanitarian organisations are sceptical of the influence this may have given that UN missions in Mali and Somalia were established with integrated structures in 2013 despite strong contextual arguments against doing so. It is hoped that it might influence decisions on the future of the mission, but given the multiple priorities for humanitarians and peacekeepers, risk and benefit analysis around structural integration has not been developed and championed fully by humanitarian actors in-country. The HCT should press for a strong risk assessment and engage with MINUSCA on this up-front as the mission structure rolls out. It should also establish operational measures to strengthen distinction and mitigate the risk of perceived inter-dependence, regularly updated and reviewed, and continue to ensure regular dialogue with peacekeepers to encourage them to avoid communications and actions that blur the distinction between peacekeeping and humanitarian action.

Ensuring operational distinction is a collective responsibility, but strategic decisions about mission structure need to take into account risk assessments and lessons from other contexts. They should provide the best possible safeguards for the independence of humanitarian action, rather than defaulting to structural integration. Humanitarian actors and the UN mission will be in CAR for some time. Establishing functioning structures that maintain a clear distinction between political and security interventions on the one hand, and humanitarian action on the other, and which support the delivery of humanitarian aid to isolated communities, will not be easy given the different mindsets and operating frameworks of humanitarians, peacekeepers and political actors. However, it is worth the investment.

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6 In addition to the UN mission in CAR, the UN missions in Liberia, Côte d'Ivoire, DRC, South Sudan, Mali, Lebanon and Haiti. The UN mission in Abyei also has a PoC mandate but no civilian section, and UNAMID in Darfur is not structurally integrated.

7 A full assessment of the impact of this separation should be made as part of a second Operational Peer Review.

8 Victoria Metcalfe, Alison Giffen and Samir Elhawary, *UN Integration and Humanitarian Space: An Independent Study Commissioned by the UN Integration Steering Group*, HPG and the Stimson Center, 2011.

Humanitarian evacuations in the Central African Republic

Josep Zapater

The situation in the Central African Republic (CAR) constitutes one of the most intractable humanitarian crises in the world. Hundreds of thousands of people have been displaced and are living in dire conditions. In a context of continuing violence, a failed state, insufficient international troops, limited capacity of humanitarian actors and the lack of a clear chain of command for non-state armed actors, protecting war-affected communities through humanitarian action has proved particularly challenging.

Context

In March 2013, northern Séléka fighters took the CAR capital Bangui, ousting President Michel Bozizé. Séléka fighters were mostly Muslims, and included numerous Arabic-speaking mercenaries from Chad and South Sudan. The Séléka unleashed a wave of killing and looting in the capital and in the west and north of the country, targeting mostly non-Muslim communities. Many rural populations began reacting to Séléka violence, giving rise to the 'anti-Balaka' militias. By August 2013, the anti-Balaka reaction had become a terror campaign against Muslims perceived as having collaborated with Séléka violence. As Séléka forces withdrew to the east of the country, Muslim communities fled their homes. Tens of thousands of people, mainly Peuhl (Fulani) cattle herders, embarked on a massive exodus to Cameroon. Many of those who could not flee joined Muslim communities trapped by the anti-Balaka in urban centres in western CAR.

Stay – or go?

The Protection Cluster undertook to monitor this situation, publishing a weekly map and statistics on communities at risk and giving visibility to the crisis in the international press. The Cluster also prepared a strategy to protect these populations, in close collaboration with the Humanitarian Country Team and the Senior Humanitarian Coordinator. The strategy included daily monitoring through field presence, networking with humanitarian actors and local journalists. The Protection Cluster advocated weekly with international military actors to prioritise communities at risk when planning their presence on the ground. Protective presence and basic assistance, including food, health, non-food items and shelter, was planned, promoted and coordinated. More controversially the strategy, which was quickly adopted by the Humanitarian Country Team, also included the relocation of trapped communities as a measure of last resort, if the violence could not be stopped.



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Internally displaced people at Bangui airport

A number of international NGOs, including Mercy Corps, the Danish Refugee Council (DRC) and Search for Common Ground, argued that the strategy focused too much on relocation and that more emphasis should be given to reconciliation and to protecting communities in situ, to avoid further segregation and to give communities a real chance to stay. Mercy Corps took a finely nuanced position, which included proposing measures such as phone calls and visits to try to ensure social links between Muslim and non-Muslim communities *after* relocation, even on a cross-border basis. The Protection Cluster and UNHCR, while accepting the principle that efforts for social cohesion could happen in parallel, argued that many communities wanted to leave, that most of those trapped were already displaced and that relocation would facilitate their freedom of movement. They further contended that, given the continuing violence and animosity, the only way to avoid further killings was relocation – including, when necessary, across the country's borders.

Objections to relocation from other quarters, including the government and the French embassy, were more political. There was concern that relocating Muslim communities to Séléka-controlled areas (which was the only realistic option) would reinforce the militia and advance its objective to divide the country into separate Muslim-majority and Christian-majority areas. It took the courage of the then Senior Humanitarian Coordinator, through a series of negotiations supported by UNHCR, the Protection Cluster, OCHA and other humanitarian actors, to resist this political pressure.

The relocation to northern CAR of the 1,200-strong Muslim community from the PK12 neighbourhood in Bangui, the most visible community at risk, was a messy affair. Detailed planning only started a few weeks before the relocation. Logistical hurdles, including the availability of adequate trucks, were enormous. While the displaced were boarding the trucks, anti-Balaka militias surrounded the area, awaiting the departure of the military-escorted convoy in order to loot the area and defile the mosque. On a very bad dirt road, travelling through jungle, steppe and guerrilla-infested villages, it took the 20-truck convoy four days to reach its final destination. The convoy was attacked twice by anti-Balaka, killing three people.

There were coordination and operational shortcomings among the actors involved (the International Organisation for Migration (IOM), the Protection Cluster, OCHA, the UN Multidimensional Integrated Stabilisation Mission (MINUSCA) and others). Protection, logistics and military aspects of the operation were not sufficiently integrated in planning. Important aspects of planning at the relocation site, such as impact on economic life and social cohesion, only started after the relocation had taken place. However, despite the tragic loss of life, and other problems with the operation, the decision to relocate people from PK12 was the right one, and relocation in general is a valid protection strategy. If relocations in Bossembele, Bossangoa and PK12 had not taken place, the Muslim populations in these enclaves would have been at high risk of generalised massacres by anti-Balaka militias. Simply put, in these communities the humanitarian community had to assume that the human cost of remaining at displacement sites was much higher than the costs of relocation.

Relocation or reconciliation?

It is important to give more background on discussions around reconciliation in CAR. By January 2014, many within the international community believed that violence in CAR was of both a communal and a religious nature. This led to highly publicised attempts to support dialogue between Muslim and Christian religious leaders as a means to reduce violence. These attempts had little or no effect on the ground, for a number of reasons. First, the roots of the conflict were much more nuanced than religious enmity, and they were also very localised. In Boda, non-Muslims claimed that they resented the Muslim majority's domination of the gold and diamond economy, which enabled them to buy local political power from the central government. Second, the 'reconciliation' approach ignored the fact that individuals, not communities, were guilty of atrocities. Even at the height of the violence, some Muslim and non-Muslim communities continued to trade, talk and live together in Bangui and other towns. For those who lost loved ones and property, or who were injured in the violence, reconciliation could not be achieved without justice. Third, whereas there are many opportunists and petty criminals among their ranks, many anti-Balaka leaders stated that they had to uproot the Muslim population to destroy any social basis for more Séléka killings, in a sort of community-based counter-insurgency strategy. They also believed that they had

saved the country from the brutality of the Séléka, and that their sacrifices had not been rewarded with political power or moral recognition. None of the reconciliation initiatives acknowledged or attempted to address their grievances – justified or not, but real even so.

Violence led to fear and fear led to more violence, creating displacement and segregation which closed down communication channels between Muslim and Christian communities. The lack of communication increased mistrust and fear, further feeding the cycle of violence. The humanitarian community largely lacked the tools to address the social aspects of the violence. The UN Department of Political Affairs deployed a mediation team to CAR to help the government develop a reconciliation strategy. Of course, the strategy could only be as valid and legitimate as the government which formally adopted it, and lacked in the short term mechanisms to implement it at field level.

By May 2014 the DRC had developed and field-tested a methodology for emergency mediation, seeking to reduce tensions in communities in the short term so as to enable humanitarian actors to operate. The model included intervention by trained third-party mediators between armed actors, or between armed actors and communities, in a neutral, impartial and non-judgmental way. The Protection Cluster adopted and supported these efforts as part of attempts to protect communities at risk. However, this all took time and had to be tested: when the community in PK12 had been relocated, there had been no systematic attempt aside from a military presence to prevent violence there. The Protection Cluster and OCHA also led the preparation and implementation of localised humanitarian action plans in some other communities at risk, with varying degrees of do no harm analysis, but these efforts were not able to cover all communities at risk, largely because of the lack of professional protection staff, in particular in remote areas.

Conclusion

It is too early to draw firm lessons and conclusions from protection strategies for communities at risk in CAR. Two can perhaps be advanced. First, protection strategies in the midst of conflict need to resist political pressure, be pragmatic and actionable and ruthlessly prioritise the worst protection problems. As an example, there was some discussion in the Protection Cluster on how far to prioritise protection mainstreaming in existing aid efforts, while huge swathes of the population, in particular in rural areas outside of Bangui and in communities at risk, were completely devoid of aid. The leadership of the Cluster took the position that, for a limited period, Protection Cluster advocacy for the extension of basic aid to remote areas should take priority over efforts to mainstream protection in areas where aid was being distributed. Providing effective protection needs professional human resources, including in remote areas. These resources need to integrate personal maturity and skills in protection in conflict-affected areas, negotiation, facilitation and mediation.

Second, the protection community needs to develop approaches to reducing the social aspects of violence, including mediation practices that can be used locally and in the short term. Even in an emergency, humanitarian actors need to be able to analyse the social, economic and even anthropological aspects of violence. As an example of other contexts, UNHCR could not have assisted indigenous communities in Colombia to develop self-protection strategies without the help of professional anthropologists. In CAR, incipient efforts by a few humanitarians to understand how people felt about violence led, at least, to the realisation that high-level

reconciliation efforts were not effective in communities at risk and that, at least in the short term, localised, professional mediation efforts needed to be developed and tested. The humanitarian community needs to continue exploring and drawing lessons, even painful ones, from efforts to address violence in CAR.

Josep Zapater was Protection Cluster Coordinator in the Central African Republic between February and May 2014. The opinions expressed in this article are the author's and do not necessarily reflect those of the Protection Cluster or UNHCR.

Supporting social cohesion in the Central African Republic

Anthony Neal

Muslim and Christian communities in the Central African Republic (CAR) are separated by mutual fear and suspicion, and the chances of restoring social cohesion in the country are dwindling rapidly. Since December 2012, CAR has spiralled from a long-term crisis of poverty and chronic vulnerability into a complex humanitarian emergency. Almost the entire population of 4.6 million has been affected, with one in five forced to flee their homes. The widespread violence and insecurity has torn the social fabric of the country apart. Faith groups are separated not only by perception but increasingly by geography, as a large proportion of the Muslim population has fled to the north-east of the country or to neighbouring countries.

A deadly spiral

The Central African Republic is one of the poorest countries in the world. Since independence in 1960, it has had eight presidents, only one democratic transition and countless coups. Regimes have been characterised by exclusionary politics and clientelism, accentuating group divisions and reinforcing ethnic and regional cleavages. Despite this, diverse ethnic and religious communities had lived together for decades without major conflict arising from their faiths. Although Muslims, who comprise 15% of the population, dealt with day-to-day issues related to marginalisation and racial prejudice, most considered themselves integrated members of their communities. Inter-marriage between Muslims and Christians was common, and Muslims played crucial roles in trade and commerce. However, in the past year the country has been swept up in a surge of religious and ethnic violence led by majority Christian militia known as anti-Balaka in response to atrocities committed by majority Muslim Séléka rebels when they took power in early 2013. Since December 2013, virtually all of the original Muslim population of Bangui has fled the capital, and the few who remain are sheltering in what has effectively become a ghetto. Muslim neighbourhoods throughout the country have been systematically targeted, and Muslims have been forced to flee the country or have relocated to remote and under-served regions of the north-east.

Their departure has had a severe practical impact. Markets have failed as transport networks and market intermediaries (roles traditionally played by members of the Muslim community) have disappeared. In Lobaye, CAFOD staff have recorded massive levels of food insecurity and malnutrition as farmers are unable to sell their produce or purchase essential items; in two market centres, communities have reverted to barter as all liquidity has been lost.

The national government launched an emergency plan for reconciliation in May 2014, but has struggled to implement it, citing lack of resources and UN support. In the space left by institutional breakdown, rumour and misinformation have spread, hindering progress towards social cohesion. Neither the government nor international peacekeeping forces have the capacity to protect civilians and stop the cycle of violence. Polarised and traumatised communities are increasingly expressing their desire for peace and reconciliation, but lack a safe space for dialogue.

Creating a space for dialogue

In recognition of increasing tensions between faith groups, in September 2013 the members of the national Inter-Religious Platform¹ (IRP), the Episcopal Commission for Justice and Peace, the national Caritas (CAFOD's sister agency in CAR) and the Islamic Committee of the Central African Republic (*Comité Islamique Centrafricain*), organised assessment missions to raise public awareness of the importance of peaceful cohabitation and mutual respect. The IRP was created in December 2012, when former President Bozize began to incite Christians against Muslim communities, and has established itself as an interlocutor for peace at national and international level. Through the leadership of Archbishop Dieudonné Nzapalainga, Imam Omar Kobine Layama and Pastor Nicolas Guérékoyame Gbangou, the IRP has attempted to engage the government of CAR, the National Transitional Council and the international community, denouncing groups active in the conflict and promoting harmonious co-existence between communities.

¹ Whilst the grouping of religious leaders is referred to internationally as the Inter-Religious Platform its official title is La Plateforme des Confessions Religieuses en Centrafrique.



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Bangui's Archbishop Dieudonné Nzapalainga (centre) and Imam Kobine Layama (right) address Muslims during a peace and reconciliation meeting in Bangassou

From the start of the conflict, the IRP has been instrumental in creating space for dialogue between religious communities. This interfaith approach is being replicated across the country by local religious leaders and affiliated women's and youth platforms. With the support of Catholic Relief Services (CRS), the IRP has conducted a number of workshops in Bangui in social cohesion with leaders from the Protestant, Catholic and Muslim communities, reaching more than 200 religious and community leaders including women and youth leaders of religious associations, civil society leaders and militia members. These workshops have been emotionally charged experiences for all participants. The mediation process begins with binding and bonding activities that give individuals space, within their single-identity community, to express themselves freely and for personal trauma healing, providing a foundation for dialogue and collaboration with other identity groups.

By providing a space in which trauma can be addressed, the desire for revenge can be reduced. During one workshop, an imam who had not spoken to his Christian neighbours for weeks summoned the courage to give bread to the children of the Christian family living next door. The mother came out and, hesitant at first, thanked him and asked where his wife was. He told her that his wife had fled to Chad. The woman responded by offering to wash his clothes for him.

CRS has since replicated this successful model of social cohesion training throughout the north-west of the country, and has also organised trauma healing workshops and training of trainers in Mbomou and Haut-Mbomou provinces in the south-east, as part of the organisation's USAID-funded

'Secure, Empowered, Connected Communities' (SECC) project.

While the leaders of the Inter-Religious Platform are quick to state their belief that the conflict is not, at its core, religiously motivated, they hope that their work will remove religion as a threat to social cohesion and as a manipulation tool that some groups and politicians have tried to use to keep the conflict going. The social cohesion workshops have served to identify a number of root causes of the conflict, agreed upon by Muslim and Christian participants. In particular, participants in the workshops identified poverty (both spiritual and economic), a sense of exclusion and neglect and the need for youth engagement as well as a rejection of the 'other' and a desire for revenge as the primary drivers of conflict between religious groups.

Religious leaders around the country, such as the Bishop of Mbaïki, have also been carrying out urgent and

life-saving mediation in specific cases. However, in the absence of formal structures and state and international support, these efforts are difficult to sustain and extend. Impelled by the gravity of the crisis engulfing the country, and building on the momentum generated by activities already under way, the Inter-Religious Platform has invited CRS and faith-based organisations around the world to engage in collaborative initiatives to rebuild social cohesion in CAR. There is a need to strengthen, expand and decentralise the IRP, to extend its coverage at the prefecture and community level and to establish prefecture-level inter-religious platforms which will work closely with the Community Social Cohesion Committees (CSCCs) that were formed as part of the CRS-led SECC project. These committees will map out community social cohesion resources, facilitate community dialogue and carry out community-level trauma awareness and social cohesion workshops. Where possible, CRS, in partnership with the IRP, intends to expand its coverage across CAR's borders to refugee camps in Chad, Cameroon and the Democratic Republic of Congo (DRC) and establish CSCCs and inter-religious platforms. These institutional structures will provide a platform for personal trauma healing workshops and facilitate community dialogues and dialogue between CSCCs in camps and home communities, laying the groundwork for the eventual return of refugees.

Conclusion

The turmoil that has overrun the CAR since the crisis began in December 2012 has torn the social fabric of the country apart. As elections scheduled for February 2015 approach, priority must be given to social cohesion, focusing on communities affected by violence, laying the groundwork for the eventual return of refugees and strengthening civil

society groups. There is a clear need to scale up mediation and social cohesion projects between Christian and Muslim communities. Faith leaders and religious organisations have a key role to play in rebuilding social cohesion in the Central African Republic, but many challenges must be overcome. Attempts to disarm the population and militia groups have not succeeded and the Transitional Authority lacks the resources to exercise its power and bring communities together. In response, CRS has begun to actively build the capacity of the Transitional Authority, working with the Ministry of Social Cohesion.

The initiatives taken by religious leaders should be supported and strengthened by politicians and the international community. It is only by combining efforts that a lasting solution to the crisis can be achieved. International humanitarian actors working with communities in the Central African Republic should ensure that their actions are conflict-sensitive and do not increase tensions further. While it is important to protect civilians under threat and

respect the wishes and concerns of Muslim communities, the relocation of these populations has increased tensions between the Transitional Authority and the international community and has separated faith groups and created single-identity communities. Preventative measures, reaching out to Muslim communities to ensure their protection in situ, should be a priority for the humanitarian community and international peacekeepers. CAFOD is currently working with Islamic Relief, Muslim Aid and the Muslim Charities Forum to implement an inter-religious approach to working in CAR. Reconciliation will require a long-term approach which includes the physical disarmament of armed groups and addresses the root causes of the conflict. A greater focus on mediation and social cohesion is needed to disarm the hearts of communities and to ensure that this reconciliation process can lead to a return to peace.

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Promoting accountability in the Central African Republic response

David Loquercio

Between February and May 2014, I was seconded to the Office for the Coordination of Humanitarian Affairs (OCHA) in the Central African Republic as the Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) inter-agency coordinator. As part of the Transformative Agenda, inter-agency coordinators can be deployed at the onset of Level 3 emergencies, with the objective of ensuring that accountability and sexual violence are on the table, and that appropriate processes and capacities are supported. My role in CAR was to provide support to the Humanitarian Country Team (HCT), the Inter-Cluster Coordinator (ICC) and the clusters and their members to improve accountability at the organisational and collective level. For reasons of logistics and security, during my stay in the country I only managed to visit Bambari and Bossangoa, as well as displacement sites in Bangui. This article reflects on my experiences in the country in relation to the Inter-Agency Standing Committee (IASC)'s five commitments on accountability, highlights shortcomings and good practice, both from the perspective of aid workers and affected communities, and offers some general findings and conclusions.

Leadership and governance

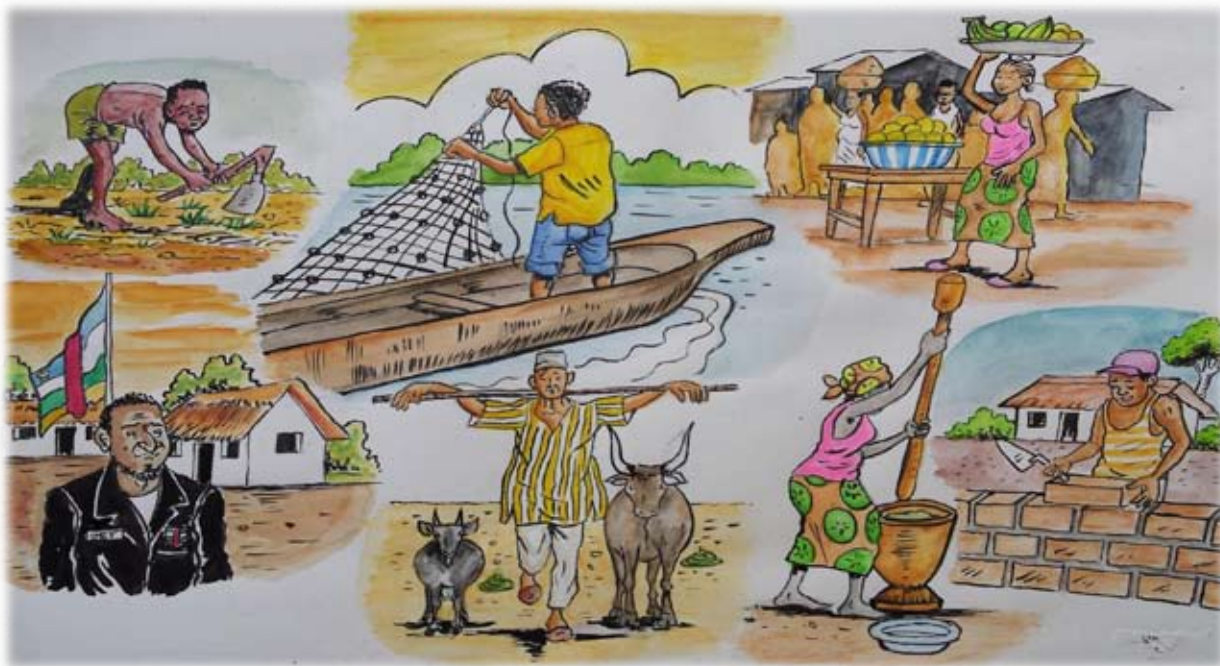
The plan of action devised by the Emergency Director Group (EDG) and included in the AAP coordinator terms of reference made for good marching orders but was also both very ambitious and generic. It had not been shared with the Humanitarian Country Team, which was not consulted on its content, undermining its acceptance. As a result, a revised plan of action structured around the five IASC commitments on accountability was prepared for the HCT, which adopted it in mid-April 2014. This was

an important step in providing a framework for action and reviewing progress, as well as providing legitimacy with the clusters. Following the plan's adoption, I co-facilitated an inter-cluster workshop with the ICC and the gender advisor to develop a workplan. In contrast to the EDG plan, the Operational Peer Review relied on self-assessments conducted with aid workers to identify problems and solutions. The review contributed to the content of the AAP action plan.

Throughout my deployment there was regular engagement with the clusters in order to raise awareness of AAP and explore ways to integrate its components into the work of the clusters. Low awareness of the IASC commitments on accountability and the HAP standard, compounded by the absence of material in French, were partly addressed through the production of posters and other documents promoting understanding of accountability. Some clusters provided support in terms of training, and the Food and Agriculture Organisation (FAO) and the Common Humanitarian Fund made efforts to integrate markers for accountability into contracts, selection processes and reporting requirements.

Transparency and information-sharing

The provision of transparent information on programmes is usually not seen as a priority in emergency responses, and as a result communities involved in needs assessments are often not told that they will not be receiving any assistance. People in Bossangoa generally understood that it was not always possible for aid agencies to keep their promises, but complained that they were often informed about changes at the last minute or not at all.



© Yvon Gando

Poster aimed at aid workers to promote accountability with communities

Needs assessments should be seen as an opportunity to ask about people's information needs (for displaced people in CAR the main information need is related to security conditions in home areas), forming the basis for meaningful two-way information. There is still an assumption that, as aid workers, we know what is best for a certain population. As such, communications are often designed to convince people of something, rather than to share information. This was the case in IDP sites in Bangui, where the assumption was that, because of the poor conditions in which displaced people were living, including an increased risk of disease during the rainy season, people should be encouraged to return home or relocate to other sites. This failed because most people were not ready to return due to security concerns. In order to address this issue, a communication approach for IDP sites in Bangui was developed with the Camp Coordination and Camp Management cluster, identifying information needs, the most appropriate ways to communicate with people, the resources required and ways to monitor the impact of messages. To be successful, communications approaches must be devised from an accountability perspective, rather than a public relations one.

Participation

In terms of programme implementation, some aid workers still see participation as taking up time they cannot afford, arguing that their programmes rely on experts who know what people need. Multiple examples have shown that this is not always the case, for example when communities

receive seeds for crops they are not cultivating. Not involving people, or relying exclusively on small committees that provide a convenient contact point, undermines programmes and makes them less relevant and more vulnerable to corruption. In Bossangoa, community members argued that involving them would improve the quality of registration lists, ease tensions and reduce the risk of corruption. They also suggested special treatment for the most vulnerable, such as providing a tent to shelter elderly people from the rain or facilitating their access to sanitary installations. When people are involved, we do not just get requests, we also get useful suggestions.

Feedback and complaints handling

Continuous dialogue with communities, based on post-distribution monitoring or other ways to seek regular feedback from communities, can help to avoid feedback turning into complaints. To achieve this, the feedback loop needs to be closed by acting on or accounting for requests. In Bangui, the International Organisation for Migration (IOM) established a team to monitor the situation in IDP sites, and note requests and complaints. However, very few can be addressed by IOM directly. When the same issues are raised every week without being addressed, the reaction is inevitable: 'Don't record complaints and don't ask us to submit them if you can't follow up with concrete action'. The problem is more complex where many organisations are present, and where information about programme responsibility is unclear, because it is difficult for people to know who to complain to, and

the responsibility for taking action is diluted. UNHCR suggested that the M'Poko site manager's agency should set up a complaints desk, but without a commitment to act on complaints or enforce action this would probably have only increased frustration, and no system was set up.

The closest to a functioning inter-agency complaints mechanism was the 4040 green line, a 24/7 toll-free number set up by the Danish Refugee Council (DRC) in 2013 to monitor and respond to protection issues, map incidents by neighbourhood, provide advice and link victims with organisations that could provide support. Although not the primary purpose of the service, it is also used to convey complaints to service providers, highlighting the fact that there are no effective channels for people to raise concerns and get responses from humanitarian organisations.

Evaluation and learning

In Bossangoa, communities complained about a lack of engagement and follow-up from aid organisations. At country level, very few organisations had a functioning M&E team, but those that did acknowledged its value. For the DRC, while Monitoring and Evaluation officers were sometimes seen as 'annoying' by busy programme staff, they served as a powerful reminder of best practice by asking relevant questions, and were strong allies in supporting more accountable programming.

It is not always obvious that M&E supports accountability both to donors and to aid recipients. In a long discussion with the M&E officer of a UN agency, communities and beneficiaries were never mentioned as a source for or stakeholder in the M&E process, despite frequent prompting. To address this kind of issue, training including participative evaluations was provided to 16 accountability focal points in late April in a workshop jointly organised with the visiting FAO accountability advisor, who subsequently organised participative evaluations with FAO partners.

Should we do it again?

While having a dedicated individual interacting on a daily basis with cluster members, the ICC and the HCT considerably helped in raising awareness, building capacity and developing practice around accountability, lessons from my deployment should be used to improve approaches to accountability if the experience is to be repeated. Sending an inter-agency AAP coordinator to Level 3 emergencies is not in itself sufficient to improve practice. IASC agencies need to be more proactive at including accountability discussions and objectives in their strategic documents, operating processes and programmes. Currently, only

FAO and WFP have dedicated accountability positions, an example other agencies should follow. The IASC task team on AAP and PSEA has committed to providing practical support, and the Sphere project is working with HAP International to set up a help desk for field staff. Protocols are also being developed under OCHA's leadership to document more explicitly accountability responsibilities within the cluster system. Given the lack of previous experience, I was hosted by OCHA while being loosely situated in the organigram. Experience to date suggests that the accountability coordinator position should be more clearly linked to the ICC, possibly as the focal point for quality, accountability and M&E.

To ensure that the humanitarian system is accountable in the way it responds, it also needs to dramatically improve its use of information to make decisions and adapt its programmes. In the CAR, as in any other country, information on the humanitarian situation is not reliable, comprehensive or up to date. Except for refugees and IDPs (to an extent), figures for people in need are not updated for months on end, and usually do not include data from all operational actors. Figures are often contradictory and there is insufficient detail on the response. As a result, it is rare that clusters or the HCT can use these figures to discuss action and take decisions, making the response less effective and accountable. More needs to be done to ensure that data is relevant, reliable and up to date. Part of the problem is the disjointed, paper-based approach to delivering aid, with long delays in making data available and incompatible formats and indicators. Given this, the digital management of distributions offered by systems such as the LMMS Android-based platform piloted in CAR offers several advantages. First, increased effectiveness means less waiting time for aid recipients. Second, by making recipient lists less vulnerable to manipulation, digital systems reduce the risk of fraud and make it more likely that aid will reach the people who are meant to receive it. Third, M&E is more effective because distribution reports are available instantly, and allows targeted post-distribution monitoring.

In the end, being more accountable is not just about being more effective. Greater accountability also aligns with the personal values of most aid workers by supporting a more personal, balanced and respectful relationship with communities, thereby also increasing job satisfaction – not a bad side effect by any means.

David Loquercio is the Head of Policy and External Relations for HAP International. He was seconded to OCHA in the Central African Republic as the AAP and PSEA interagency coordinator between February and May 2014.

Why not digital? Technology as an interagency tool in the Central African Republic

Keith Chibafa

The conflict in the Central African Republic (CAR) has been raging for over a year with violence, often linked to religious affiliation, involving rape, murder, torture, pillaging and the destruction of property. The scale of the emergency is immense: according to OCHA,¹ as of 11 August 2014 an estimated 2.5 million people out of a total population of 4.6m are in need of humanitarian assistance, and a fifth of the population (almost a million people) have been displaced.

Humanitarian workers are having difficulty meeting these needs. Interventions are severely underfunded, and agencies are struggling to register beneficiaries and distribute commodities, with chaotic and sometimes violent distributions, 'double dipping', forged ration cards and theft by staff and beneficiaries alike. To help address these problems, World Vision's Last Mile Mobile Solutions (LMMS) platform was piloted in CAR.

What is LMMS?

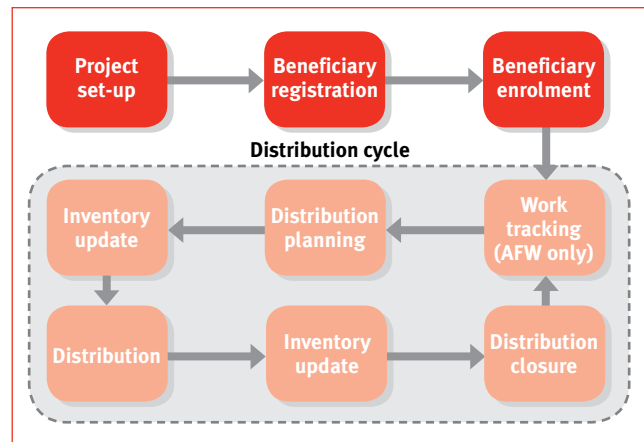
LMMS® (www.lastmilemobilesolutions.com) is a suite of innovative technology applications aimed at improving the effectiveness, efficiency and accountability of humanitarian action. In operation for over six years, it was developed by World Vision in collaboration with humanitarian agencies and the IT industry. LMMS digitises beneficiary registration, reporting and tracking in real-time, functioning in locations where there is no electricity or internet, often in the middle of crisis situations.

LMMS has the following steps:

- **Project set-up.** This step defines the type of project (e.g. general distribution, aid for work), duration, ration size, donor).
- **Registration.** Household members are digitally registered. Individuals receive their own unique bar-coded 'entitlement' card with a photo. LMMS creates a single beneficiary master list.
- **Enrolment.** Households or individuals are enrolled in projects defined in the project set-up. Households can be enrolled in multiple projects without repeat registration.
- **Work tracking.** LMMS captures the number of days worked (for aid for work projects) in order to calculate wages due.
- **Distribution and inventory management.** Material entitlements are automatically calculated for distribution planning. During distribution, cards are scanned to determine eligibility and individuals are visually matched using photos stored in the database. Physical inventory is tracked in real time as commodities are distributed, or if cash is being provided payment agents

¹ See http://reliefweb.int/sites/reliefweb.int/files/resources/20140811_CAR_humanitarian_dashboard.pdf.

High-level business process



can be instructed as to whom to disburse payments to. Distribution reports are generated in near real-time including total households and individuals reached, disaggregated by age, gender and vulnerability as well as total commodities distributed and loss reports.

LMMS deployments

With support from the Canadian government, LMMS has been made available to the wider humanitarian sector for improved beneficiary registration, monitoring and reporting, and to demonstrate the viability of shared and scalable technology platforms at the 'last mile' – where aid reaches people in need. Users include Oxfam GB, Medair, Save the Children, CARE, the Norwegian Refugee Council, Food for the Hungry and Mercy Corps. LMMS has been deployed in 23 countries in Africa, Asia and Latin America, registering close to half a million households and over 2m beneficiaries, with plans to deploy in 30 countries, reaching at least 4m beneficiaries, by 2015.

LMMS pilot in CAR

A member of the LMMS team arrived in Bangui on 22 April 2014 carrying with him equipment for the piloting of LMMS in CAR. He held demonstrations and meetings with clusters and agencies, including the Camp Coordination Camp Management (CCCM) cluster, the food cluster, the shelter cluster, Premiere Urgence, Welthungerhilfe (WHH), the Danish Refugee Council (DRC) and the Norwegian Refugee Council (NRC). He also observed a food distribution in Bangui to see first-hand the challenges faced by agencies in CAR. The distribution was cumbersome, with a paper registration and distribution process requiring beneficiaries' thumb prints to prove receipt of relief items. It was then agreed to pilot the LMMS system with the Danish Refugee Council (DRC), which had a food programme in Bangui. The LMMS team installed, configured and set up the LMMS system over a weekend. The configuration included setting user access rights and



© Keith Chibafa/World Vision International

Before and after use of Last Mile Mobile Solutions in CAR

location data. A two-hour training session was held on the morning of Monday 28 April with DRC staff on the LMMS registration application. The same afternoon the staff registered over 500 beneficiaries in a camp for Internally Displaced Persons (IDPs) in Bangui.²

The initial food distribution delivered rice, lentils, plumpy nut supplement (a peanut-based supplement used to treat severe acute malnutrition), salt, CSB (corn-soya blend) and vegetable oil to over 600 people.³ At the distribution, because the LMMS processed beneficiary data faster than people could take their rations, processing occasionally had to be paused. The efficiencies brought by LMMS led DRC to start rethinking its entire food distribution workflow process. One consideration was the opening up of multiple reception points instead of having a single one.

One of the advantages of the LMMS system is that there is a validity check during the distribution. During this particular distribution, for example, the system flagged an attempt by an individual to take double rations. Finally, during the first distribution, DroidSurvey, a forms-based offline survey tool used for data collection research on Android tablets and smartphones, was loaded onto the same mobile devices that ran LMMS. This allowed staff to survey a sample of the population for greater accountability and to learn about the experience of the aid recipient through the process. Beneficiaries were asked questions related to their experience with LMMS, how it compared to the previous manual process and whether they objected to having their photograph taken as part of the registration process. They were also asked for feedback on the quality and quantity of the commodities

² See <https://www.youtube.com/watch?v=EzErl-Xjg-U>.

³ See <http://youtube/3xWBVJkKscU>.

received. The feedback from beneficiaries showed a high level of appreciation for the speed and accuracy of LMMS, when compared to the manual process previously used. None of the respondents indicated that they objected to having their photograph taken, and in fact welcomed the use of the LMMS ration card as it gave them a sense of empowerment.

Further registrations, distributions and surveys were undertaken by DRC throughout May 2014. An additional 4,700 people were registered during this period.

Interagency capacity and data sharing

In the same IDP camp where the DRC was conducting food distributions, World Vision (WV) was also distributing non-food items (NFIs). There was no need for WV to undertake another registration exercise since the data set from the DRC registration could also be used for the WV NFI distribution. The sharing of data between agencies saved a great deal of time and demonstrated the benefits of using digital systems such as LMMS as multi-agency multi-sector tools.

Challenges

One of the challenges highlighted by the pilot is how to incorporate digital technology such as LMMS in the midst of a project or funding cycle. It is often difficult to allocate resources and make staff available for activities such as training once a humanitarian project has been launched. While it is preferable to deploy LMMS at programme inception, mounting evidence from active deployments points to cost savings of between 15% and 40%, and thus some organisations in CAR, such as Cooperazione Internazionale (COOPI), have chosen to adopt LMMS in mid-cycle to harness the operational efficiencies and savings that LMMS delivers.

Several beneficiaries raised data privacy concerns. They wanted to know what would happen with the personal information that was being captured by the system, even though LMMS has built-in functionality to seek and capture informed consent. In most contexts these are very valid concerns, but they become more pertinent in a volatile situation such as CAR. It is thus important for agencies to have very clear policies and protocols on informed consent and data privacy and protection, and to be able to communicate them to beneficiaries.

The use of LMMS, especially when transitioning from paper systems, highlighted the need to adjust the layout and flow of the distribution process. Changes such as the pre-packaging of individual commodity kits, while a little more costly, are much faster than the practice of group sharing. A balance needs to be struck between the increased efficiency (and time savings) brought about by digital systems and the incremental cost of making adjustments to the distribution process.

It is also important for agencies to understand the limitations of the digital tools they acquire. A number of agencies in CAR, while seeing the value of LMMS, expressed a need for additional functionality that the system was simply not designed to provide, such as surveys. With the increasing number of digital solutions being made available for aid agencies, LMMS is envisioned to be a key cog in a suite of digital tools operating at the last mile.

Conclusion

The LMMS pilot with DRC was well received by humanitarian agencies and beneficiaries alike. The pilot demonstrated that digital systems such as LMMS can increase the effectiveness, efficiency and accountability of humanitarian programming, provide better services to beneficiaries by way of faster-moving, shorter queues and can be deployed quickly with minimal training in an emergency context. As a consequence, beneficiaries have more time to attend

to pressing daily needs as opposed to standing in line for hours waiting to be served. Digital systems can also increase the productivity of field staff, enhance the accuracy and timeliness of data, potentially reduce fraud and increase value for money (achieving more with fewer resources). The CAR deployment gave a taste of a future scenario where infrastructure can be shared across multiple agencies, increasing sustainability for the investment with multiple agencies being able to use the same technology platform. This naturally leads to the development of a shared services model of technical support staff, as opposed to every agency having a dedicated team.

More work remains to be done to increase the digitisation of the humanitarian sector. Standardisation of data meaning and structure will be key for cross-system integration as more humanitarian players make the transition to digital systems. In addition, concerns over data privacy and protection need to be addressed; consideration should be given to adopting guidelines and tools developed by the Cash Learning Partnership (CaLP) instead of having each agency attempt to develop their own protocols.

In the wake of the LMMS pilot in CAR, interest among agencies operating in the country has been high. COOPI has just deployed LMMS, and further deployments are planned with a number of agencies to increase the scale of digital technology deployments and inter-agency capacity in CAR and elsewhere. More important, however, will be engagement with donors, clusters and humanitarian players on defining data standards, protocols on informed consent, data sharing, data privacy, agreement on normative standards of accountability (clear benchmarks for accountability towards beneficiaries and donors alike) as well as the continuation of evidence-gathering activities that show the value and impact of digitisation.

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Supporting local media in the Central African Republic

Jacobo Quintanilla and Jonathan Pedneault

Once a country where Muslims and non-Muslims married and lived together, the Central African Republic (CAR) is now divided along ethnic and religious lines that have pitted communities against one another. Atrocities committed by now ex-Séléka fighters, a coalition of mostly Muslim rebel groups, against Christian communities elicited reprisals against Muslims by Christian militias known as anti-Balaka. This tit-for-tat conflict has produced a large-scale humanitarian crisis in a forgotten country where UN officials have repeatedly warned of a risk of genocide, and where both sides may have committed war crimes.

Since the Séléka overran Bangui in March 2013, the country has been immersed in a crisis that has killed thousands,

displaced over 550,000 people internally and over 134,000 across the region and left almost half of the population (2.5 million out of 4.6m) in need of assistance. The crisis is slowly but surely emptying the country of Muslims, a forced exodus that some are ready to call ethnic cleansing.¹ Bangui has seen its Muslim population reduced from 130,000 to under 10,000. Those who still remain survive in a few guarded enclaves around town.

With the links between Christians and Muslims seemingly all but destroyed, where and in what condition are the

¹ Muriel Masse, 'Opinion and Debate: "Let's Be Clear: We Are Witnessing a True Cleansing in CAR"', MSF, 28 May 2014, www.msf.org.uk/article/opinion-and-debate-lets-be-clear-we-are-witnessing-true-cleansing-car.



© Jonathan Pedneault/Internews

A reporter from the Internews-supported Journalists Network for Human Rights interviews a displaced family in Bossangoa, March 2014

local media, a key channel potentially capable of facilitating communication and dialogue between all sides? What role are they going to play in the debate about the future of the country? In late 2012 and early 2013, when the Séléka militias started advancing towards Bangui, the local media in the north and north-west of the country went silent. For Pascal Chirha, a media expert from the Panos Institute who has lived in CAR for several years, 'it's not just a humanitarian crisis but also an information crisis. Central Africans are living in complete darkness as they have no access to information'.² According to Agathe, a widow living in the church compound in Bossangoa, a town 165 miles north of Bangui: 'Now it is all rumours; we live in fear'.

Mapping the media disaster

Before the crisis there were 29 functioning radio stations in CAR. In March 2014, only 15 were operational, six of them in Bangui.³ Others, in a country twice the size of the UK, were looted and stopped broadcasting at least 18 months ago. Even the national broadcaster, Radio Centrafrique, which is the voice of state radio outside Bangui, went mute and has yet to come back. While French broadcaster Radio France Internationale (RFI) is very popular across French-speaking Africa, people in CAR are hungrier than ever for news about what is

happening in their local communities and other places across the country – which RFI does not provide. For the few remaining local stations, the broadcast signal usually does not go beyond 25–30km outside the capital.

Conditions in the country are disastrous for journalistic objectivity and balance, especially when reporting on the embattled Muslim community. Radio Voix de la Paix, the only radio station run by Muslims, was spared, but its journalists went silent, scared for their lives. Muslim figures are often vilified in the local press. As a one-month media monitoring programme led by Internews in May showed, while there are no reports of hate speech in the radio stations monitored in Bangui, newspapers published in the capital can do more harm than good because of their unethical or unprofessional reporting. Newspapers print very limited yet highly politicised and seemingly influential print runs: while not widely read by the population, particularly outside Bangui, newspapers can be read out on air, spreading their biased influence.

Without proper training and resources, journalists are easy targets for pressure from armed groups. From phone threats to physical harassment and intimidation, journalists in CAR live under tremendous stress.⁴ While the tragic death on 11 May of Camille Lepage, a French photojournalist, reminded the world of the dangers international journalists are exposed to while covering

² IMS, 'The Central African Republic: Media In a Complex Emergency', International Media Support, February 2014, www.i-m-s.dk/publication/the-central-african-republic-media-in-a-complex-emergency.

³ 'Map Depicts Radio Landscape in CAR', Internews, 9 April 2014, <https://internews.org/map-depicts-radio-landscape-central-african-republic>.

⁴ 'Media Under Pressure: Protect the Rights of Journalists in Central African Republic', Internews, 24 June 2014 <https://internews.org/our-stories/project-updates/call-for-protection-journalists-CAR>.

CAR, we often forget about those Central Africans who report on their country and its crisis.

Historically, working conditions for journalists in CAR have been poor and characterised by low (and inconsistently paid) wages, a lack of resources and access to professional training and corruption.⁵ Ethics in the exercise of journalism is another major challenge, as is the understated, generally neglected, physiological impact that the conflict has had on local reporters. Local journalists are also victims of the crisis. Not only do they have to help their families, but they also have to deal with trauma and face their own angst and prejudices. Many, whether they admit it or not, are psychologically battered.

Local media: impartial despite suffering?

Although CAR has not experienced long periods of stability, most journalists and reporters had never been confronted with the levels of violence seen in recent months. Some have seen death up close, had good friends killed, visited foul-smelling morgues, been threatened, been victims of attempted rape or had their homes looted or destroyed, some several times. Some managed to flee the country while others simply decided to change jobs. Virginie, Chief Editor from the local Association of Journalists for Human Rights (RJDH), confirms that these painful experiences have had an important impact on her journalistic skills: 'Often when I write, I tend to blame the Séléka much more than I should and I sometimes have trouble putting things in proper perspective'. Providing adequate support to local media, from conflict-sensitive journalism training to counselling, is vital.

In CAR, Internews provides training and mentoring to journalists from the RJDH and its network of 18 community correspondents across the country, with a special focus on inside-the-newsroom conflict-sensitive journalism and gender-based violence training and mentoring. Security allowing, a roving trainer travels across the west and north-west of the country training correspondents and staff at their own radio stations in the provinces on conflict-sensitive journalism and, more generally, on improving the professionalism and quality of the reporting coming from those areas.

Gender-based violence is a key issue for the RJDH. Along with NGOs working on the issue, Internews organises hands-on workshops for local reporters on how to cover gender-based violence, how to speak to and interview victims and how to report and discuss this type of violence on radio programmes.

The RJDH produces daily news bulletins distributed by email and social media to people in and outside CAR.

⁵ IMS, 'Media In a Complex Emergency'.

In order to reach local people off the Internet (the great majority of the country), the RJDH also produces a daily humanitarian radio programme in French and Sango in its own radio studio in Bangui. The radio show is distributed to local FM stations and is broadcast in Short Wave (SW) on 6030KHz through a local SW station that since early June has received a monthly fee and training. To enable community groups in different locations to listen to the radio show, Internews will distribute over 1,000 wind-up solar radios with SW receivers. Every month, the RJDH produces over 180 articles from 40 different locations across the country that are read daily by more than 800 unique visitors to their news website and shared with thousands of others on Twitter and Facebook.⁶

No silver bullet

Internews, along with other international media assistance organisations such as Fondation Hironnelle,⁷ which set up and ran Radio Ndeke Luka (Search for Common Ground), and the Panos Institute, which supports the CAR Media Observatory (OMCA) and other local journalist associations, are working to rehabilitate and improve the physical and technical capacities of local media outlets and journalists to assist them in the more professional exercise of their work. As 18 local journalism organisations and international media support agencies working in CAR said in a joint statement in June: 'A more professional media community and the constant availability of good quality reporting are now essential if peace is to be restored in the CAR'.⁸

Journalists have a responsibility to report timely, accurate and impartial information to their local communities, and to act as a true vehicle for dialogue and a national platform for reconciliation across the country. Local media is not a silver bullet in a protracted, complex crisis like CAR. But neither can a peaceful, accountable democracy emerge without it. Robust, free and independent media is demanded, and very often paid for, in the West – why not in CAR?

Jacobo Quintanilla is the Director of Humanitarian Communication Programs at Internews. **Jonathan Pedneault** is the Conflict-Sensitive Journalism Trainer of Internews in CAR (<https://internews.org/where-we-work/sub-saharan-africa/central-african-republic>). Internews is one of the founding members of the Communicating with Disaster Affected Communities (CDAC) Network (www.cdacnetwork.org).

⁶ See www.rjdh-rca.net, @RJDH_RCA and www.facebook.com/RJDHRCA.

⁷ See www.hironnelle.org/radio-ndeke-luka/?lang=en.

⁸ Media Under Pressure: Protect the Rights of Journalists in Central African Republic, June 24, 2014 <https://internews.org/our-stories/project-updates/call-for-protection-journalists-CAR>.

Adapting to anarchy: the ICRC in the Central African Republic

Sean Maguire

Heavy fighting in the Central African Republic since the overthrow of the government of President Francois Bozize in March 2013 has forced thousands of people to flee into the bush, leaving them at the mercy of disease, without adequate healthcare and with scant access to food and clean water. The International Committee of the Red Cross (ICRC) had been focusing on livelihood support in the north of the country, but it shifted into emergency response mode, often in partnership with the Central African Red Cross Society. Teams evacuated casualties, collected and buried dead bodies, provided emergency medical treatment, traced people separated from their families and distributed food, water and emergency supplies to some of the thousands who fled their homes. This work is only possible with the acceptance of local forces and communities, though this is tenuous and can be short-lived, and ICRC and Médecins Sans Frontières staff have been killed. Donor money has been in short supply and the international response has been slow, despite the enormous scale of needs.

New ambitions in health

In the initial emergency response, the ICRC's focus was on supporting war trauma surgery. Now the goal is to try to work along the 'chain of care', from first aid training to supporting tertiary hospital services. In the region around Kaga-Bandoro in north-central CAR, clinics and health buildings were looted and destroyed in fighting at the start of the year. The ICRC – the only health provider in the area –

set up five mobile primary health care teams who for several months undertook daily trips to offer basic medical care. However, these clinics cannot provide follow-up care, and are used only as a last resort to provide health services to people entirely without access to health care. With a degree of security returning to the area the ICRC is rebuilding five health centres, where its teams can work in situ to deliver care and increase the skills of local staff. In Kaga-Bandoro hospital itself, an ICRC team practices internal medicine and performs minor surgery. War-wounded are referred to Bangui hospital and flown there by an ICRC plane, though many patients are fearful of crossing Muslim–Christian lines and refuse to make the trip. Patched up, they often prefer to travel onwards, accompanied in relative safety by their own ethnic group. Around 70 adults and children a month are admitted suffering from acute malaria. Prior to the conflict there was a massive distribution of anti-malarial nets, but many people have fled to the bush without any protection from mosquito bites. However, the main activity in Kaga-Bandoro hospital is delivering babies (around 60 a month).

Responding to sexual violence

The hospital in Kaga-Bandoro also offers clinical services to rape survivors. The ICRC had been planning to step up its response to sexual violence in CAR, but the wave of conflict that swept through the country and divided communities along confessional lines has made the service an unfortunately more vital necessity. The hospital treated



ICRC staff evacuate a patient from Boy Rabe to Bangui Community Hospital

© Rabih Mazbouli/ICRC

28 sexual violence victims in the first four months of 2014, 16 of whom were under 18 years of age, while the mobile clinics treated 20 cases. The caseload is the tip of an iceberg. Both in the hospital and at the mobile health clinics the ICRC has been offering psychological care for victims, using a three-person team that includes a trained psychologist, the only one in the entire region. The rebuilt health centres will allow a more permanent service, and although there is still huge stigma associated with sexual violence, these services will hopefully be more widely used as women and girls come in from the bush to seek assistance.

Keeping health safe

In the capital Bangui, the ICRC's goal is to widen the scope of hospital care beyond the treatment of war trauma. Upgrades are planned at Bangui's main hospital, including the building of an X-ray facility. A major challenge is delivering health care safely. A CAR Red Cross volunteer and an ICRC staff member were killed in separate attacks this year, and four MSF staff died in an armed robbery at a health clinic in northern CAR in April. Hospitals, assumed to be places of safety, are often where extreme emotions and deadly weaponry co-exist. In Bangui hospital, wounded from the mostly Muslim Séléka forces who overthrew Bozize literally lie side by side in wards with rival Christian militiamen. While such impartiality of care is impressive and necessary, it does not imply harmony or a lack of tension. Careful patient management is needed to reduce flashpoints. Some patients have to be transferred out of the hospital back to their communities at the end of each day as weaker security overnight leaves them vulnerable to attack. The hospital is in a poorly secured compound, with the fence along one side easy to climb. Unarmed civilian guards paid by the ICRC control entry, and a small detachment from the African Union peacekeeping force offers a calming presence. While there have been no ethnically motivated attacks, weapons have been confiscated from visitors and threats against patients reported, particularly at night when the curfew means ICRC staff are not present.

Bangui is a test-case for the ICRC's HealthCare in Danger project. Health Care in Danger is an ICRC-led project of the Red Cross and Red Crescent Movement running from 2012 to 2015. It aims to improve the delivery of effective and impartial health care in armed conflict and other emergencies by mobilising experts to develop practical

measures to be implemented in the field by decision-makers, humanitarian organisations and health professionals. One of the project's recommendations is to use workshops involving all staff and stakeholders to agree practical steps for protecting hospitals. Discussions include whether to increase the height of the fence, and how to do so without turning the hospital into a fortress, as well as whether a safe room is needed, and if so who should have access to it. The goal is to develop best practice and share it with similar ICRC operations, including those in South Sudan and the Democratic Republic of Congo. If the workshop approach is successful in Bangui it will be replicated in Kaga-Bandoro, where discussions on impartial care and the protection of health workers have taken place with the local Séléka commander, whose base is uncomfortably close to the hospital. When another zone commander needed treatment the local officer intervened to ensure that he entered the medical facility without his armed escort.

A far greater challenge to safe treatment exists outside the hospital walls. The CAR's ethnic geography has changed dramatically in a short period of time, with violent communal clashes creating sectarian enclaves that it is life-threatening to leave. The sick and wounded faced the choice of dying from their condition or being attacked while travelling to hospital. The problem is particularly acute in Bangui, where Muslims became trapped in two districts, PK5 and PK12. At the end of April international forces escorted around 1,300 Muslims out of PK12 to relative safety in the north of the country.

The ICRC emergency response is still needed, and must be nimble and flexible as the nature of the conflict evolves. But longer-term planning must be in place to ensure basic minimum standards of healthcare are in place country-wide. The ICRC's traditional approach of building acceptance for its work through dialogue, explanation and demonstrable impartiality will continue hand in hand with newer tools, such as the HealthCare in Danger workshops being tested in CAR, and will be adapted for use in other conflicts where the right to safe treatment for the wounded and sick is challenged.

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Gender-based violence in the Central African Republic:

IRC's response

Diana Trimiño Mora, Elisabeth Roesch and Catherine Poulton

When they were done with me they went back to my daughters. A 14-year-old girl. A 12-year-old girl. Both they raped. We just ran with underwear, they ran another way.

I haven't seen them since then. I live in pain right now.¹

Since December 2013, vicious attacks in Bangui have caused over half the city's population to flee their homes. As soon as the crisis hit, the International Rescue Committee (IRC) deployed two case workers from its programmes in Kaga-Bandoro to Bangui to provide gender-based violence (GBV) emergency case management services to survivors, and later opening listening centres in Bangui. Since then, more than 950 women and girls have sought help at IRC centres. Nearly 80% reported being raped, in many instances by multiple men affiliated with one armed group or another. The youngest survivor is five years old.

Although every crisis is unique, what is happening in the CAR shares some characteristics with other crises. GBV has long been a neglected feature of humanitarian emergencies. In 2010, the IRC started developing a framework for emergency action to address this by providing a quick and consistent response to protect girls and women from the outset of an emergency.² Piloted and tested in multiple crises, IRC's GBV emergency response programme model has guided the agency's work in 13 emergencies over the last three years. It has also been the cornerstone of training for more than 400 practitioners from international NGOs, local organisations, UN agencies and governments.

Vertical or horizontal GBV response: IRC's dual approach

Few debates are as alive within the GBV field as the question of whether GBV efforts should be mainstreamed across existing sectors in both prevention and response, or specialised through dedicated experts, tools and initiatives focused specifically on GBV. The IRC applies a dual approach, with mainstreaming alongside heavy investment in specialised GBV programmes. This is the most successful model, and is being used in the CAR. It ensures that survivors can access specialised care while GBV mainstreaming reduces the risks faced by the entire population of women and girls.

¹ The testimonies in this article are from Central African women. Testimonies are documented by IRC's Peter Biro in the April 2014 video 'Voices of Women from the Central African Republic' (<http://www.rescue-uk.org/international-news/voices-women-central-african-republic-video>) or were told to Catherine Poulton during her trip to CAR in May–June 2014.

² For more information and details on the IRC's Women's Protection and Empowerment Emergency and Preparedness model, see www.gbvrepondersnetwork.org.

The IRC's GBV emergency response model prioritises the provision of services to meet the health, psychological and safety needs of GBV survivors. In the CAR, IRC provides emergency case management, crisis counselling and referrals to health services in Bangui, Kaga-Bandoro and Bocaranga. While fixed centres were established in displacement sites in Bangui, IRC has sought greater coverage in more rural areas through mobile clinics. In towns with large health centres, the IRC embedded GBV services within health structures to minimise visibility and stigma. More needs to be done: despite these efforts and those of other NGOs, only 19 out of 44 IDP sites in Bangui had any GBV services at all in January.

Around 90% of survivors supported by the IRC were immediately referred for health care. Although health services are critical in GBV response, they were unfortunately often out of reach for survivors. Many government-run, private and some NGO-run health clinics charged fees for care, a significant deterrent to survivors. Moreover, NGOs that provided free services either were not equipped with adequate trained personnel and treatments or did not provide outreach to inform survivors of available services.

Although the IRC reached many survivors in acute need, less than 10% of rape survivors assisted from January to April were able to seek care within the 72–120 hours necessary to prevent the potential transmission of HIV and unwanted pregnancy. Almost 60% of the clients coming to IRC centres in Bangui over this period had experienced violence in December 2013, at the height of the conflict. This has major implications for emergency responders and decision-makers: first, GBV programmes must be part of the first phase of emergency response, and second, sectors such as health need to consider and respond to the needs of GBV survivors.

Risk reduction through mainstreaming and direct action

Prevention is cited by many as a gap in emergencies, in part due to weak evidence of what works.³ Yet even in emergencies, the IRC works to prevent GBV and increase women and girls' safety and well-being. It does this as a two-step process: working with women and girls to identify the risks to their safety, using safety audits, community mapping and focus group discussions, and acting on this information. In CAR, women and girls identified three areas that were putting them in danger: lack of money and resources, the collection of water and firewood and inadequate shelter and site planning.

³ See *Humanitarian Exchange*, no. 60, February 2014, on gender-based violence, and Rebecca Holmes and Dharini Bhuvanendra, *Preventing and Responding to Gender-based Violence in Humanitarian Crises*, Network Paper 77, February 2014.



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Members of the Central African Women's Association

From 7pm, the girls do not even leave the tents. They do not even set foot outside the tent. The girls will not even urinate because if they leave the tent boys attack.

IRC's response in CAR was two-fold: first, advocacy with other sectoral actors to address harm and risks identified by the women and girls, notably non-food item (NFI) distribution, water, sanitation and shelter; and second, the direct distribution of goods to women and girls to increase their access to and control over resources. From December to May, the IRC distributed approximately 10,000 dignity kits⁴ to displaced women, with targeted distributions to adolescent girls who felt excluded from household distributions. Aid is usually distributed to the family unit, and women and girls said they do not always have access to it, and are then vulnerable to exploitation. The IRC also piloted a fuel-efficient stove initiative to address risks around firewood collection. Post-distribution monitoring demonstrated that the stoves reduced the need to gather firewood from an average of three times a week to just once a week. Stoves also reduced the time spent in cooking and increased women's sense of safety associated with procuring cooking fuel.

Working with women's grassroots organisations in emergencies

The IRC sees great value in partnering with and building the capacities of women's grassroots organisations before, during and after a crisis. However, donors and other actors often consider this a low priority during acute crises, and in CAR we are still looking for support to develop such

⁴ Dignity kits distributed by the IRC generally contain sanitary material/towels, buckets, soap and other material selected together with women and adolescent girls. Kits vary according to location and identified risks.

programmes, which are considered by many donors as 'development' activities.

IRC's experience shows that partnering as early as possible with women's organisations on GBV emergency response increases access for survivors and is key to sustainable basic service provision for several reasons: survivors often know and feel comfortable with the women involved; it provides new channels for sharing critical information; and local organisations ensure that key services continue even if security concerns do not allow easy access to international NGOs.

In CAR many NGOs had not started programming or were working under extreme security restrictions during December. Host and displaced populations were responsible for their own survival. However, in places where

IRC had trained community volunteers from local women's groups before the outbreak of violence, basic care and support continued, even when NGOs including the IRC were not present.

IRC believes that on-the-ground training and shadowing during an emergency is the most effective way to cement capacity within local organisations. This is why it deploys experts who work hand in hand with local women's associations, providing services while simultaneously transferring skills. Partnering with local women's organisations can also link relief and recovery, as these same women are often instrumental in reconstruction and the economic recovery of their communities.

Turning political commitment into change on the ground

An effective and multipronged approach to GBV in emergencies will require both commitment and action from donors, UN agencies and partner organisations. Strengthening policy and funding trends to enable an effective response to GBV in emergencies is critical. In November 2013 a group of donors, UN agencies and NGOs met to drive forward a step change in the response to violence against women and girls in emergencies. The 'Keep Her Safe' Call to Action resulted in a Communiqué signed by 40 organisations and governments. Women and girls also featured prominently during the CAR Donor Brussels High-Level Meeting.

This represents a significant shift, but action at the top is not yet translating into action on the ground. Information about GBV in CAR was not put to good use in shaping response plans and donor strategies: the UN Strategic Response Plan (SRP) contained no targeted actions to address GBV; the 100 Day Plan for Priority Humanitarian Action did not give priority to actual GBV services; and

not a single GBV programme has been funded through the two rounds of the Common Humanitarian Fund (CHF) for this crisis.

Why is this unprecedented attention on GBV in emergencies not leading to concrete change on the ground? First, high-level political commitments have not trickled down to the regional and local offices of donors, multilaterals and NGOs. Second, there is no accountability mechanism to ensure implementation of Call to Action commitments. Finally, common funding pools such as the CHF are still to prioritise GBV in CAR.

Under the leadership of the US government, the September 2014 follow-up Call to Action is expected to define an accountability mechanism around the 2013 commitments and Communiqué. The IRC is calling on donors, multilaterals and NGOs to ensure that the accountability framework is designed for high-level commitments and trickles down

to regional and field levels; donors ensure that funding allocated to common pools includes clear recommendations to prioritise GBV and follow up on implementation; donors and organisations that have signed up to the Call to Action translate the 12 global commitments in the Communiqué into bilateral donor policy and funding; and tying them to specific, measurable impacts – within a defined time period. Only when we are able to translate these commitments into concrete and measurable actions will we really be accountable to the women and girls we serve, in CAR and other emergencies.

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Needs assessments in the Central African Republic

Lola Wilhelm

Understanding humanitarian needs is key to responding to humanitarian crises efficiently. Yet in many humanitarian crises, obtaining an accurate picture of humanitarian needs has been a challenge. This has been particularly true in the Central African Republic (CAR), where humanitarian access and resources have been limited. In June 2014, the Assessment Capacities Project (ACAPS) published an analytical report on humanitarian needs assessments in CAR.¹ The report aimed to strengthen the humanitarian community's understanding of and response to the CAR crisis by:

- analysing the current situation in terms of humanitarian needs assessments;
- identifying gaps, limitations and lessons; and
- making recommendations on how to improve the humanitarian community's approach to needs assessments in CAR.

To do this, ACAPS collected and analysed humanitarian needs assessments conducted since December 2013 by humanitarian organisations working in CAR. This article presents the operational context which motivated this exercise, and details its methodology and limitations. It then provides key findings and recommendations from the report.

Rapid changes in the context

The latest crisis in CAR must be viewed against the background of decades of political instability, widespread poverty, weak and fragile state institutions and direct or indirect political and military interference from regional and international players. Relative stability following the

¹ The Monitoring Needs Assessments report is available in English and French on the ACAPS website at <http://acaps.org>.

signing of a peace agreement in Gabon in 2009 prompted a move to reorient international assistance from relief to recovery programmes, despite the fact that substantial parts of the country were under the constant threat of attacks by armed groups and gangs. The March 2013 coup by the Séléka and the subsequent deterioration of the humanitarian situation altered this approach dramatically. Following a surge of violence in Bangui and Bossangoa in the first week of December that left over 1,000 people dead, the UN declared CAR a Level 3 Emergency.

The deterioration of the humanitarian situation and the sudden increase in needs led to a return to emergency programming and an increase in the number of humanitarian staff in the capital, followed by a gradual increase of staff in the field. Humanitarian coordination mechanisms were also strengthened. However, ensuring an accurate understanding of needs remained a challenge. Some humanitarian agencies continued to implement programmes aimed at addressing the chronic problems that had existed before the conflict began at the end of 2012, while in the same prefecture or even sometimes in the same locations other organisations established emergency programmes for newly displaced people.

Needs assessments: a situation overview

The declaration of a Level 3 Emergency in December 2013 triggered the Multi-Sector/Cluster Initial Rapid Assessment, a coordinated process that led to the publication of the MIRA report in January 2014. The report included both a secondary data review per sector and the findings from a primary data collection and analysis process.

In February and July 2014, ACAPS published Disaster Needs Analysis reports which provided detailed reviews



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Humanitarian needs assessments are carried out in Boy Rabe IDP camp

of humanitarian needs and gaps.² Numerous needs assessments were conducted throughout 2013 by NGOs. Repositories for humanitarian needs assessment reports were created by the Humanitarian Response platform (humanitarianresponse.info) and OCHA (<http://sdr.ocharowca.info/SearchDocument.php>). Despite these initiatives, major challenges persisted concerning the collection, processing and sharing of information on humanitarian needs.

Needs assessments: gaps and challenges

ACAPS identified three main obstacles to building a solid, shared understanding of the crisis at a sectoral and cross-sectoral level. The first concerned partial geographic, thematic and time coverage. Access constraints, such as insecurity and poor roads, mean that primary data collection covers only part of CAR's territory and population. The onset of the rainy season in May has also hampered access to affected populations outside Bangui. In some prefectures, such as Vakaga in the north-east, hardly any humanitarian agencies were present.

There are also problems around reporting and sharing assessments. Not all needs assessment reports are publicly available, sometimes due to the sensitivity of the information they contain, and within information platforms it is sometimes difficult to locate relevant data. At the same time, given the absence of a systematic monitoring system for planned, ongoing and completed needs assessments, it has been difficult to understand humanitarian needs and gaps per geographic location, time

² *Analyse des Besoins de Crise*, February 2014 and July 2014. The executive summary of the February report is also available in English. See www.acaps.org.

period, sector and population group. Communication gaps between and even within humanitarian organisations, the high turnover of humanitarian staff and insufficient knowledge management have led to a loss of existing knowledge.

Finally, there are concerns around the reliability and quality of information. Even within publicly available assessments, the quality and reliability of information has been inconsistent. Evaluations have been conducted on an ad hoc basis and others have been iterative, making it difficult to determine whether the data is relevant and current. Due to the variety of methodologies used to assess humanitarian needs, comparability between data sets, and therefore the analysis of humanitarian needs, is limited.

The Monitoring Needs Assessments process

To address these gaps, ACAPS launch the Monitoring Needs Assessments process to identify and analyse the key characteristics of needs assessments carried out by humanitarian organisations, with a view to highlighting information gaps and future information needs and informing decision-making about future assessment strategies.

Working closely with humanitarian organisations, ACAPS collected 83 assessment reports during May and June 2014, and indexed them in a database. ACAPS then analysed the needs assessment meta-data, presented the limitations of the study, and validated it through consultations with analysts and practitioners to help ensure its reliability and usefulness.

The study confirmed that there were major information gaps on humanitarian needs in remote inaccessible regions, especially in the north-east. It also challenged some commonly held views about humanitarian needs assessments in CAR. For example, despite a strong focus on IDPs in humanitarian appeals and responses, there turned out to be almost no data on the needs of IDPs outside Bangui. Some of the key findings are described below, and are further discussed in the recommendations.

Geographic coverage of assessments

Key results

- Nearly 40% of the assessments covered the Bangui sub-prefecture.
- Prefectures in the north-east and east of the country, as well as Sangha-Mbaéré in the south-west, were the least assessed.

Related observations

- For the least assessed prefectures, information on the humanitarian situation almost exclusively comes from individual field staff, often informally. It is thus highly sensitive to changes in the situation and staff rotations.
- Due to this limited coverage, it is not possible to compare the severity of humanitarian situations between different regions, making evidence-based prioritisation between them at the national level nearly impossible.

Frequency and timing of assessments*Key results*

- Nine of the 83 assessments were conducted monthly, weekly or daily.
- Nearly 90% of assessments were ad hoc or event-related.³

Related observations

- In rapidly evolving humanitarian crises, there is an increased need for regularly updated information on displacement and on humanitarian needs. However, monitoring and regular updating of humanitarian needs outside Bangui was absent (apart from the monitoring of organisations' operations).
- As the crisis is dynamic, the lack of regular updates renders information rapidly obsolete, leading to a risk that strategic and programming decisions will be based on data and analyses that are inaccurate or no longer relevant.

Assessment methods*Key results*

- Fifty-nine of the 83 assessments collected qualitative data, mainly through interviews with key informants and direct observation.

Related observations

- As a general rule, during the course of a humanitarian crisis the accuracy and quality of information and analysis on humanitarian needs is expected to improve over time, beginning at the outset with rapid assessments at community level and progressing to more in-depth assessments at household and individual level. It is also expected to progress from the identification of needs to their quantification. However, in CAR, six months after a Level 3 crisis was declared, data is still collected mostly at community level, and is mostly qualitative.
- Although some assessment mechanisms are in place, a variety of methods are used for assessing the same needs (qualitative and quantitative; at community and household level), limiting the comparability of data.

Sectoral and geographical coverage*Key results*

- Education was the sector which was most extensively assessed at the national level by the cluster.

³ An assessment is event-related when it is systematically triggered by a particular event. This is, for example, the case of the Rapid Response Mechanism (RRM), which is triggered as soon as population movements are observed.

Related observations

- The geographical coverage of sectoral evaluations is generally insufficient. For every sector apart from education, it is difficult to establish which geographical location should be prioritised.
- The Education cluster collected data through phone interviews with key informants, which was made possible thanks to the cluster's knowledge of and engagement with local stakeholders. This was not replicated in other clusters, partly due to sector-specific requirements and difficulties in securing a consensus around one given approach.

Coverage by affected population group*Key results*

- In Bangui, the majority of evaluations focused on displaced people.
- Outside Bangui, no evaluation focused on a particular population category.

Related observations

- The needs of resident and host populations in Bangui, as well as those of IDPs in host families, were rarely if ever assessed.

Lessons and recommendations

The analysis showed that some assessment practices have led to positive outcomes in terms of coverage and data quality, but some difficulties still need to be addressed. In Bangui, security and access conditions are better than in the rest of the country, enabling the deployment of assessment teams. Even so, the transition to conducting systematic and quantitative assessments at household level has been slow. The obstacles to the collection of household-level data still need to be identified and addressed, but could be linked to a lack of awareness and expertise among humanitarian organisations and coordination mechanisms.

In the Monitoring Needs Assessments report, ACAPS highlighted the key challenges identified during the analysis, and suggested a range of concrete measures that could be taken to address these challenges. As an overarching priority for improving needs assessments, ACAPS recommended that actors work towards a more coordinated approach to humanitarian needs assessments and promote better information-sharing, building on existing coordination platforms in CAR such as the clusters and the Comité de Coordination des ONG Internationales (CCO). Actions to be taken include supporting the harmonisation of assessment tools and their validation by all partners; establishing a task force to implement and monitor this; capitalising on actors' feedback and on good practice to improve assessment methodologies; and monitoring needs assessments in order to measure progress. Humanitarian actors also need to develop and agree a clear data analysis process, an important step in assessing and interpreting primary data. Measures to be taken include joint analysis meetings and the production, endorsement and use of key documents such as the Monitoring Needs Assessments report and secondary data reviews by humanitarian actors.

Technical recommendations were also made, although some are partly dependent on the implementation of the general recommendations made above, as well as on the availability of adequate resources and expertise. Despite the strengthening of humanitarian teams in Bangui, assessment expertise is still seriously lacking. At operational level, achieving more comprehensive geographical, thematic and group-specific coverage is very important. Consistency of assessment terminologies between all organisations (including assessment vocabulary and the names of official administrative divisions) is needed. A tool to assess and monitor the needs of IDPs outside Bangui should be developed, implemented and regularly updated (this was reportedly under way at the time of writing); quantitative assessments should be conducted at individual level in IDP sites in Bangui.

CAR is a complex context, and successful implementation of these recommendations will depend on the

capacity of coordination platforms to facilitate such processes, and on the participation of a wide range of humanitarian actors. While humanitarian actors in the field clearly recognised the usefulness of such measures and were willing to engage in such processes further, a number of obstacles to uptake were also identified. Actors and coordination structures are stretched, and it may be difficult to justify spending more time and resources on improving assessments in a context where coordination has already been strengthened. High staff turnover means that raising awareness on why assessments should be improved needs to be a constant process, something for which few resources are available. Actors are working to different priorities and timeframes, which sometimes means that their interest in the topic is limited.

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PRACTICE AND POLICY NOTES

Protection of Civilians sites: a new type of displacement settlement?

Damian Lilly

Humanitarian crises frequently give rise to new kinds of settlements for internally displaced persons (IDPs). In the Balkans in the 1990s, humanitarian actors provided assistance in ‘collective centres’ – pre-existing buildings such as schools and churches – which subsequently received increased attention. I wrote an article in this magazine about the ‘tent villages’ set up following the earthquake in Pakistan in October 2005. The conflict in South Sudan since 15 December 2013 has arguably produced yet another type of IDP settlement to add to the humanitarian lexicon: ‘Protection of Civilians (PoC) sites’. These settlements have hosted more than 100,000 IDPs within UN premises for several months, and look set to continue for the foreseeable future. This article provides an initial assessment of the lessons learned from these PoC sites.

Not entirely a new phenomenon

PoC sites are not the same as the ‘safe havens’ established in the former Yugoslavia, Iraq and Rwanda in the 1990s, which were on a far larger scale and constituted pre-planned, designated areas where civilians could be protected, albeit with often terrible consequences. In contrast, PoC sites refer to situations where civilians seek protection and refuge at existing United Nations bases when fighting starts. Although most UN peacekeeping missions have encountered this phenomenon at one stage or another, the creation of PoC sites on such a scale at the bases of the UN Mission in South Sudan (UNMISS) is arguably unprecedented in UN history.

Since the start of the UNMISS mandate in July 2011, the mission has frequently provided refuge to civilians seeking

temporary protection. For example, between October 2012 and November 2013 more than 12,000 civilians sought protection at UNMISS bases on 12 separate occasions. In one incident, from 19–21 December 2012, 5,000 civilians were sheltered at the UNMISS base in Wau in the west of the country. Based on these experiences guidelines were developed for managing such situations, outlining the roles and responsibilities of the actors involved, including coordination with humanitarian agencies. The guidelines state that providing protection for civilians at UNMISS bases should be a last resort and a temporary solution before more sustainable protection and assistance can be provided.

Each UNMISS base was required to develop (within existing budgets) contingency plans to prepare for such eventualities. However, the mission did not foresee the scale at which this phenomenon would manifest itself when fighting between factions of the Sudan People’s Liberation Army (SPLA) broke out in the capital, Juba, on 15 December 2013. As the fighting spread to other major towns, thousands of civilians poured into UNMISS bases across the country. Because of the ethnic dimension of the conflict – between South Sudan’s two main ethnic groups, the Dinka and the Nuer – it quickly became apparent that displacement would not be temporary, and civilians would require protection and assistance for weeks, if not months.

What’s in a name?

As the response to the crisis has evolved several different terms have been used to describe the settlements developing within UNMISS bases. The primary concern of UNMISS was to implement its protection of civilians



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UNMISS relocates thousands of IDPs from Tumping Camp to UN House in Juba

mandate while resisting the creation of IDP camps within its bases. UNMISS therefore proposed and has used the term ‘protection of civilians (PoC) sites’ as opposed to ‘IDP camps’. Humanitarian actors agreed with this terminology because they also hoped that providing assistance on UNMISS bases would be a short-term phenomenon, before business as usual resumed.

There are several implied consequences of the term ‘PoC sites’. In theory, they should only provide refuge for civilians ‘under threat of physical violence’, rather than the broader definition of IDPs who are forced from their homes due to conflict. In reality, though, there was little difference between the status of IDPs sheltered at UNMISS bases and those in other settlements elsewhere. There was concern that the PoC sites could act as a magnet for some of the 800,000 IDPs in other parts of the country. Because it was envisaged that the PoC sites would be temporary, humanitarian actors did not provide the same level of assistance that they might have done in a typical response in more traditional IDP camps.

Civil–military coordination

UNMISS and humanitarian actors have been compelled to work together in unusual and exceptional ways in the PoC sites. A division of labour and roles and responsibilities were quickly established. UNMISS’ primary task was to provide defence from external threats and ensure security within the PoC sites, while helping to facilitate the work of humanitarian actors by providing logistical support. The actual humanitarian response was coordinated by humanitarian actors, who called upon UNMISS to provide what help they required. Parallel (albeit overlapping at times) coordination mechanisms for protection on the one hand and assistance on the other were established. The camp management cluster was activated, which acted as the main operational interface between the parties.

While these were the preferred roles and responsibilities, a certain degree of flexibility was required. UNMISS had no intention of providing humanitarian assistance, but because humanitarian actors frequently chose to relocate their staff due to insecurity, the mission had to assume such a role on a number of occasions. At least at the beginning of the crisis, it was not uncommon for UNMISS military, police and civilian personnel to conduct food distributions, establish site management arrangements and even build latrines and water points. Overall UNMISS made a significant contribution to the humanitarian response. For example, by the end of July 2014, 20 UNMISS health clinics had provided medical care to 19,986 sick civilians, including treating 2,682 injured civilians for gunshot wounds.

Humanitarian actors had some misgivings about operating on UNMISS bases, given the negative impact doing so could have had on their perceived neutrality and independence. Prior to the crisis, the Humanitarian Country Team (HCT) had drafted *Guidelines for Coordination between Humanitarian Actors and the United Nations Mission in South Sudan*. In view of the unusual circumstances these guidelines had to be implemented with a degree of pragmatism, and the humanitarian imperative was so great and the security situation so unpredictable that working in and staying on UNMISS bases became unavoidable for many humanitarian actors, including Médecins Sans Frontières (MSF) and the International Committee of the Red Cross (ICRC).

Providing physical protection

One of the main principles of the UNMISS guidelines on civilians seeking protection at its bases was that the mission should only offer protection if it had the military capability to provide physical security. This was the tragic lesson learnt by the UN in Srebrenica in 1995. However, on 19 December 2013 two UNMISS peacekeepers were

killed along with several civilians when the UNMISS base in the town of Akobo was overrun by 2,000 armed Nuer. In another incident, on 17 April 2014, more than 50 civilians that had sought refuge at the UNMISS base in Bor were killed in an attack on the PoC site. UNMISS was forced to extract civilians from other bases and reinforce its military presence. On three occasions fighting near the UNMISS base in Malakal resulted in casualties in the PoC site. On 24 December 2013, Security Council Resolution 2132 increased UNMISS troop levels to 12,500, with an additional 5,500 troops, not all of whom have as yet arrived. The police component was also increased, to 1,323.

Lack of civilian character and security concerns

As with other displacement contexts, maintaining the civilian character of the PoC sites has been a major challenge. A significant proportion of the people seeking refuge were former combatants. By relinquishing their weapons and uniforms they became civilians and eligible for protection. However, there was always the risk of these individuals rejoining the fighting, and UNMISS was criticised by both sides in the conflict for harbouring potential adversaries. A clear 'no arms on UN premises' policy was implemented. While screening was conducted by UN police at entry and exit points to ensure that weapons did not enter the PoC sites, this was not foolproof and some weapons were brought in. UNMISS conducted searches for firearms, ammunition and other weapons in each of the PoC sites.

With such large numbers of people from different ethnic groups living in congested conditions, security within the PoC sites also became a major issue. 'Ground rules' were established with community leaders that outlined appropriate conduct and behaviour for IDPs sheltering on UN premises. UNMISS police conducted patrols throughout the sites daily and addressed security incidents. Meanwhile, UNMISS and humanitarian actors supported community-led informal mitigation and dispute resolution mechanisms.

Crime is a problem in most IDP settings, and the local authorities are usually responsible for policing settlements and dealing with crime. Given that the PoC sites were on UNMISS premises, however, the UN had a responsibility to investigate security incidents in the first instance, and then work with the local authorities to try to ensure that the perpetrators were brought to justice. Dealing with security incidents in PoC sites raised many legal dilemmas about the appropriate role of the UN in such circumstances, as well as human rights concerns.

Maintain minimum humanitarian standards

Under the original UNMISS guidelines on civilians seeking protection at its bases it was agreed that humanitarian actors would not provide humanitarian assistance on UNMISS bases in order to maintain their distinctive role. Only in extremis was it agreed that they would hand over relief items to UNMISS to provide minimum levels of assistance. For its part, UNMISS had no intention of providing more than medical assistance and water for civilians seeking protection at its bases, given that it did not have a mandate to provide humanitarian assistance

and that such circumstances were only ever meant to be temporary.

However, within the first few days of the crisis it quickly became apparent that the IDPs seeking protection would require long-term assistance, and that humanitarian actors would have to provide a response in the PoC sites to avert a major humanitarian crisis. As a result the initial guidance was set aside. At the same time, the PoC sites rapidly became congested, and maintaining minimum humanitarian standards was extremely difficult. For example, in the Topping PoC site in the Juba UNMISS base there were ten times as many people as there should have been according to the Sphere standard of 45 square metres per person of living space. Congestion presented major health and protection risks. Outbreaks of cholera and other communicable diseases were averted, but insufficient sanitation facilities have increased mortality among children, and measles outbreaks were confirmed in two sites.

Transitional and durable solutions

It became apparent from the onset of the crisis that the PoC sites were only ever going to be suitable as a temporary refuge for IDPs. The sites were not appropriate from a site management perspective. That some of the sites were located within UNMISS bases and intermingled with buildings in which UN staff lived and worked was particularly problematic from the perspective of the safety and security of UN personnel. The immediate priority, therefore, rapidly became building new PoC sites adjacent to UNMISS bases as a transitional option. Durable solutions for the IDPs, including their return to places of origin or resettlement in other parts of the country, were initially distant prospects, but became the main concern with the onset of the rainy season by June, which made conditions in existing sites extremely problematic. By July UNMISS and humanitarian partners had begun to relocate IDPs to more sustainable PoC sites.

Conclusion

Protecting more than 100,000 civilians for several months and providing adequate humanitarian assistance to avert disease has been a significant achievement for UNMISS and humanitarian actors. However, the PoC sites were not created by design but by default in an extremely challenging situation brought about by a quick-onset crisis. They do not represent sustainable settlements for IDPs and should remain an option of last resort, or ideally avoided altogether. Nevertheless, given that most UN peacekeeping operations now have protection of civilians mandates, they must be prepared for such eventualities, and the Department of Peacekeeping Operations is considering developing generic guidance for such situations. For humanitarian actors, it would also be useful to include PoC sites in the next iteration of camp management guidelines and other humanitarian standards.

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Using social protection systems to implement emergency cash transfers: the case of Lesotho

Ousmane Niang and Betina Ramirez

Lesotho has experienced significant economic growth in the past two decades, but deep poverty and chronic malnutrition are persistent problems. In 2010, an estimated 57% of households in Lesotho lived below the basic needs poverty line of \$1.08 per day, and 34% lived below the food poverty line of \$0.61 per day. Poverty is compounded by a steep drop in domestic agricultural production – the sector where most of the poor make their livelihoods – severe environmental degradation, the effects of the global financial crisis and one of the highest HIV/AIDS rates in the world (23%). This extended household food insecurity fuels an inadequate dietary intake and a high disease burden, which have together translated into a level of chronic malnutrition of 40%. Under this ‘silent crisis’, 39% of Basotho children under the age of five suffer from stunting, the consequences of which are serious, lifelong and irreversible.¹ This chronic vulnerability coupled with exposure to erratic weather patterns results in recurrent crises. Most recently, in 2011 and 2012, floods, late rains and early frost badly hit agricultural yields, with domestic production reduced to a third of the national average cereal harvest. At the time, some three-quarters of a million people – more than a third of the population – were food insecure.

Given the scale of the emergency and the urgent need for a response, in August 2012 the government declared an emergency food crisis, and in September it launched an appeal for international assistance. As part of the United Nations Flash Appeal, UNICEF supported the Ministry of Social Development (MoSD) in responding to the food emergency through the Livelihood Intervention during Food Emergency (LIFE) project.

The LIFE project and the Lesotho Child Grants Programme

The main objective of the LIFE intervention was to strengthen national capacity to meet the needs of orphans and other vulnerable children in areas affected by the food crisis. The one-year intervention, funded by the UN’s Central Emergency Response Fund (CERF) and the UK Department for International Development (DFID), targeted 6,802 households caring for 21,345 orphaned and vulnerable children to ensure their access to adequate food. The approach taken was the provision of cash transfers amounting to \$20 per month. The grant aimed to cover 40% of a household’s basic income.

To deliver the emergency grant, the intervention was embedded in the Lesotho Child Grants Programme (CGP). The CGP is an unconditional cash transfer. Established with the support of the European Commission in 2009, its funding and administration has recently been fully taken over by the MoSD. It currently (mid-2014) reaches almost

¹ Government of Lesotho, *Lesotho Demographic and Health Survey*, 2009.

25,000 of the most vulnerable households in Lesotho through quarterly cash grants covering on average 21.5% of a household’s income. Targeted at households with children, it operates in half the community councils in all ten districts of the country and through the National Information System for Social Assistance (NISSA). Embedding the LIFE intervention within the CGP meant that the project could use the CGP’s existing targeting mechanisms and implementation and monitoring procedures, improving response time and cost-efficiency. It also helped to build the capacity of the newly established MoSD to manage and lead cash transfers using national systems.

Using the Child Grants Programme system to implement LIFE

Within the CGP, households’ socio-economic information is registered in the NISSA database. Beneficiaries are then selected through a combination of proxy means-testing and community validation. The NISSA currently holds information on around a quarter of the country’s households. Starting with critical areas identified by the national Disaster Management Authority (DMA) not covered already by NISSA, LIFE performed a rapid assessment to register over 16,000 households on the system. The Management Information System (MIS) subsequently provided a list of all households within the affected areas, their poverty status, livelihood assets and average food consumption, as well as the number of adults and children in the household. This allowed for fast and easy targeting of the population most vulnerable to the food emergency.

The LIFE cash top-ups were paid as part of regular CGP payments. This allowed for rapid distribution as no new procurement processes had to be set up to sub-contract payment agencies; new areas were simply added to existing arrangements with the banks and security companies that disburse money for the CGP. This arrangement also maximised economies of scale: besides insurance costs for increased payment amounts, no additional costs were incurred for the emergency payments. The LIFE intervention also used the barcode and payment book system used for the CGP, which increased transparency and accountability.

In terms of longer-term impact, the LIFE grants could easily have been a short-term emergency response, but instead its funds were used to expand the basic structures of protection available to the most vulnerable Basotho. All households classified as ultra-poor and poor in NISSA were not only eligible for LIFE top-up grants, but in recognition of their chronic vulnerability approximately 3,500 households validated by community representatives were also invited to enrol in the CGP, and thus continued to benefit from institutionalised social protection.



A resident of Qacha's Nek, Lesotho, collects her cash grant

Besides providing direct support to a total of 16,474 vulnerable households, the LIFE project also helped register an additional 30,000 households on NISSA. These households will now be easily identified and tracked by all public assistance programmes using the platform.² LIFE was thus more than a humanitarian intervention: it was a clear gateway into development programming, not only for the above-mentioned families, but also by building capacity within the MoSD to manage emergency interventions when necessary.

UNICEF's participation included a basic social services component that was meant to sensitise communities and households on the long-term implications of negative coping mechanisms. It included social mobilisation activities to keep children in school, ensure their proper nutrition, reduce child labour, prevent and protect children from violence, abuse and exploitation and increase children's access to health services.

Impact on communities and the local economy

While there was no evaluation specifically of the LIFE intervention, the findings from the 2013 impact evaluation of the CGP allows us to extrapolate conclusions.³ The study found that, among CGP recipients, the poverty rate had fallen by 7% from the baseline in 2011. The CGP

² The MoSD is currently piloting an integrated social safety net scheme under which the four core social protection programmes in the country (Old Age Pension, Public Assistance, OVC Bursary and CGP) use NISSA for targeting their beneficiaries.

³ L. Pellerano et al., *Child Grants Programme Impact Evaluation: Follow-up Report*. UNICEF, FAO and Oxford Policy Management, 2014.

had a strong impact on food security: while non-CGP households continued to experience high levels of food insecurity, there has been a significant improvement among CGP households and their children. The proportion of CGP households that did not have enough food to meet their needs for at least a month between mid-2012 and mid-2013 (the peak of the crisis) fell by 5%. Similarly, the proportion of CGP adult recipients and, more significantly, children under 17 that had to eat smaller or fewer meals in the three months prior to the survey because there was not enough food in the house also decreased (by 11 percentage points). The direct impact of the CGP was large and particularly significant for children. The study also suggested that CGP beneficiaries were better equipped to deal with unanticipated shocks and less likely to send their children to live elsewhere, send children to work and take children out of school. They were also less likely to reduce spending on health and sell assets in response to shocks. These findings suggest that the provision of grants not only helps vulnerable households survive lean periods, but if distributed on a regular bases can considerably improve their capacity to cope with future shocks.

The cash injections also had a wider impact on the local economy, stimulating demand for locally supplied goods and services. A recent impact evaluation found that, for every Loti spent on a transfer, 1.36 Maloti are generated in the local economy.⁴

⁴ E. J. Taylor, K. Thome and M. Filipiak, *Evaluating Local General Equilibrium Impacts of Lesotho's Child Grants Programme*. Rome: FAO, 2013. Maloti is the plural of Loti.

Lessons

Using existing structures can increase the speed and efficiency of emergency responses

The main lesson from the LIFE intervention is that emergency responses can and should make use of existing government structures and social protection interventions to reach the most vulnerable. By attaching the LIFE top-up payments to the CGP grant, it was possible not only to reach those in need quickly, but also to ensure that the help went to those who needed it most (pro-poor targeting). When the nature of the emergency dictates that poverty predicts vulnerability – as is the case with widespread food insecurity caused by poor production affecting subsistence farmers – it is important to ensure that funding is directed to those who most need it.

Exploiting synergies between emergency responses and social protection schemes is critical to promoting resilience

Linking the emergency response to social protection instruments from an early stage ensures a smooth transition from emergency to development, as is the case for the thousands of households enrolled in the CGP following LIFE's rapid assessment. In 2013, almost 3,500 households became beneficiaries after their data

was collected through LIFE. As such, the funds provided by donors for LIFE will have an effect on the long-term social protection of thousands of children far beyond the emergency response. In fact, one of the recommendations of the 2013 Vulnerability Assessment published by the DMA was that the NISSA should be expanded and used for other social protection programmes, not just the CGP, recognising the potential social protection systems have to prevent vulnerability to shocks and disasters.

A national single registry has great potential for governmental and UN agencies to better link emergency and development programming

Tools like NISSA will be crucial to realise the vision presented above, and both the European Commission and UNICEF are committed to ensuring its evolution into a single national registry for social assistance, including its potential during emergency responses. Indeed, the UN's regional strategy for disaster risk reduction and resilience-building has incorporated NISSA into its framework. This has the potential to benefit the work of other actors, not just UN agencies, but government and civil society entities as well.

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Gaining acceptance: lessons from engagement with armed groups in Afghanistan and Somalia

Ashley Jackson

While securing 'acceptance' is vital for aid agencies operating in insecure environments, precisely how acceptance is secured and understood varies. Recent research on engaging with armed groups in Afghanistan and Somalia provides greater insight into the kinds of 'acceptance' tactics and strategies that are most effective – and those that may pose unintended risks.

Operationalising 'acceptance'

Despite the extensive literature devoted to acceptance strategies, and the widely held belief that acceptance is essential for humanitarian agencies to maintain presence, field research in Afghanistan and Somalia indicated that 'acceptance' remains inconsistently understood and implemented. Few agencies in either country had a clearly articulated acceptance strategy, implemented consistently throughout the organisation; acceptance appeared to be assumed more than actively cultivated through engagement with belligerents. Consequently, some senior managers were not fully aware of how staff at the local level were gaining or maintaining access. In some cases, managers appeared to want to know as little as possible, or perhaps felt unable to ask field staff exactly what they were doing to gain access. One senior representative of an international NGO in Afghanistan commented that 'we trust our people in the field' to 'gauge risk and then do

what's needed to get the programmes done ... we don't discuss it internally much'.¹

This avoidance of direct, intentional engagement with armed groups is hardly surprising in volatile operating environments. More active approaches require significant long-term investment in staff training, analysis, outreach and communication – costs that are often more difficult to justify to donors than 'hard' security expenditures such as blast walls or armed guards.² Additionally, donor governments have exerted pressure on aid agencies not to engage with Al-Shabaab in Somalia and, until recently, the Taliban in Afghanistan. In Somalia, counter-terror restrictions are a powerful deterrent to engaging with Al-Shabaab. In Afghanistan, interviewees described the 'chilling effect' on engagement of the Afghan government's expulsion of two Western diplomats in late 2007 for allegedly engaging in political talks with the Taliban in Helmand.

¹ Ashley Jackson and Antonio Giustozzi, *Talking to the Other Side: Humanitarian Negotiations with the Taliban in Afghanistan*, HPG Working Paper, 2012, p. 5.

² Adele Stoddard and Abby Harmer, *Supporting Security for Humanitarian Action: A Review of Critical Issues for the Humanitarian Community*, Commissioned by the conveners of the Montreaux X Conference, Humanitarian Outcomes, 2012.



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Young men stand guard during a demonstration by a local militia in Marka, Somalia

In most cases, rather than avoid engagement altogether, the risks of engagement were transferred to field staff or communities. In Afghanistan, Afghan aid workers were often left to negotiate access as best they could, with little support and at significant personal risk. One Afghan staff member at an international NGO commented: 'If I say it's not safe or that sometimes we have to pay at checkpoints, will I lose my job? I have promised the people support, will they be abandoned?'.³ Local aid workers face particular risks and appear to make very different calculations than their superiors might, especially if they perceive their job to be at risk or fear that support for their community will be cut off if senior managers discover precisely what must be done to maintain presence.

With respect to Somalia, many senior aid agency representatives in Nairobi and elsewhere strongly rejected the claim that their staff negotiated access with Al-Shabaab. However, aid workers on the ground in Al-Shabaab areas, often from the same agencies, consistently reportedly that they directly or indirectly negotiated with Al-Shabaab as a matter of necessity. While they asserted that their track records, with the majority having been present for extended periods, were critical in enabling them to effectively negotiate with Al-Shabaab, community acceptance alone was not seen as sufficient to enable access. To varying degrees and regardless of the tactics employed, such agencies were forced to engage with Al-Shabaab to secure permission to operate.⁴

While communities did in some cases appear to play vital roles as interlocutors with armed groups, this was largely

limited to areas where community members were either trusted by the group, or the group was not predisposed to limit access. Even so, significant risks were involved. While some degree of risk sharing is unavoidable, the ethics of approaches that rely on community members risking their lives in order to enable access – particularly in the absence of well-planned strategies and support – raise serious questions about risk transfer and duty of care.

Active acceptance and the role of structured engagement

More active approaches to gaining acceptance require an organisational commitment to structured engagement, directly or indirectly, with armed groups (as well as the host government) at all levels. An established internal policy, adhered to up and down an aid agency's hierarchy and supplemented with substantial training and support, should guide this engagement. Few agencies examined in the research in Afghanistan and Somalia, with the notable exception of the ICRC and MSF, consistently pursue a structured approach to engagement – or, at least, few are willing to talk publicly about it if they do. There seemed to be greater readiness to openly pursue such an approach among more purely 'humanitarian' agencies, as opposed to multi-mandate actors. Comparatively few individuals in senior positions at multi-mandate agencies reported that their agency pursued a structured approach to negotiations with the Taliban or Al-Shabaab. However, such engagement is more widespread than agencies are willing to openly admit. Several multi-mandate agencies do pursue more structured approaches but are not willing to talk about it publicly.

Structured engagement involves consistent and strategic interaction at multiple levels. The value of sustained engagement with the highest levels of an armed group is that it provides additional assurance that access will

³ Jackson and Giustozzi, *Talking to the Other Side: Humanitarian Negotiations with the Taliban in Afghanistan*, p. 6.

⁴ Ashley Jackson and Abdi Aynte, *Talking to the Other Side: Humanitarian Negotiations with Al-Shabaab in Somalia*, HPG Working Paper, 2013.

be granted and a channel for communication at the most senior levels when serious security or other issues arise. It also provides an opportunity to engage on policy issues that engagement with local fighters, who are often simply following orders, does not.

While engaging with the leaders of armed groups may improve access, it is by no means a guarantee that what the leadership approves the rank and file consistently obeys. In Afghanistan, an international multi-mandate aid agency that preferred not to be named described its engagement as occurring at three key levels: the high-level strategic leadership in Pakistan; provincial leaders; and the local leadership. At the leadership level, engagement focuses on formal agreement and ensuring that this is passed on to field commanders. Provincial engagement with Taliban shadow governors or military commissioners focuses on activities and policy issues. Local engagement is largely conducted through intermediaries in the community to ensure acceptance from local commanders. An international humanitarian agency operating in South Central Somalia described its engagement in similar terms, though this was complicated by Al-Shabaab's refusal to engage directly at the senior leadership levels. Aid agency managers in Nairobi communicated with senior Al-Shabaab leaders through trusted intermediaries, while field staff engaged directly or through trusted intermediaries with Al-Shabaab commanders and Humanitarian Coordination Officers (individuals appointed by Al-Shabaab specifically to coordinate aid activities).

The case of polio vaccinations in Afghanistan shows how critical such engagement can be. Through negotiations with Taliban leaders, the World Health Organisation (WHO), the UN Children's Fund (UNICEF) and their implementing partners gained permission to conduct polio vaccinations beginning in August 2007. Taliban leader Mullah Omar issued a letter, and has reportedly issued similar letters or directives for subsequent campaigns, urging fighters to allow vaccination and urging parents to have their children vaccinated. The Taliban appear to have generally recognised the public relations value of such exercises, and their language has become increasingly positive.

Structured engagement is not a panacea. The degree of uniformity and command and control within an armed group often determines the level of success that can be achieved. Where armed groups are fragmented, as is arguably the case with both the Taliban and Al-Shabaab, engagement is more complex and precarious. In Afghanistan, the ICRC has devoted significant resources and time to structured engagement with all sides. Even so, it was forced to review its modes and strategy for engagement following the targeted killing of one of its delegates in 2003. While initially pulling back operations in some areas of the country, the agency pursued dialogue with the Taliban about the incident, which in turn created opportunities to engage on IHL, increase mutual trust and, eventually, expand operations again.⁵ Similarly,

5 Fiona Terry, 'The International Committee of the Red Cross in Afghanistan: Reasserting the Neutrality of Humanitarian Action', *International Review of the Red Cross*, vol. 92, no. 882, 2010.

MSF withdrew from Afghanistan following the execution of five of its employees by the Taliban in 2004, but began to re-engage in 2009. The process was gradual and required negotiations with all sides, including the government and various branches of the Taliban leadership.⁶

There are also risks. Particularly in the case of Somalia, an organisation which falls foul of counter-terror restrictions could potentially have its funding cut and face civil and criminal penalties. Engaging in a structured and deliberate fashion may also be interpreted as recognition of the armed group's authority, and confer legitimacy on it. When an armed group controls territory and holds authority over an area, aid agencies must seek its permission in order to operate safely, and recognition in this sense is unavoidable, especially where the armed group is the de facto authority.

This kind of engagement also requires significant resources and time. After the bombing of its headquarters in Baghdad in 2003, the ICRC deployed a team of three to five full-time staff dedicated to relationship-building and regaining acceptance.⁷ The challenge lies in convincing donors that such costs are a sound investment. Fortunately, some good practice exists for agencies and donors to draw upon. One humanitarian donor agency in Afghanistan provided fixed-term funding to an agency to build relations in order to establish operations in the south of the country, where the Taliban are heavily present. In both Afghanistan and Somalia, donors have quietly supported high-level humanitarian negotiations and funded NGO security fora that play a pivotal role in helping agencies to map and understand armed groups.

Conclusion

As Larissa Fast and Michael O'Neill argue – and the examples from Afghanistan and Somalia support this – aid agencies require 'a clearer understanding and a more consistent application of the acceptance approach, and a systematic assessment of its effectiveness in different contexts in order to evaluate whether and under what circumstances the acceptance approach works'.⁸ Acceptance cannot simply be assumed but must be earned – not only from those individuals in need of humanitarian assistance, but also from armed groups who often pose the most formidable barriers to humanitarian access. Where armed opposition groups are active, strategically negotiating the terms of engagement offers aid agencies the best hope of reaching those in need of assistance, while minimising the potential that doing so plays into the hands of belligerents or furthers the conflict.

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6 Xavier Crombe with Michiel Hofman, 'Afghanistan: Regaining Leverage', in Claire Magone et al. (eds), *Humanitarian Negotiations Revealed: The MSF Experience* (London: Hurst & Co, 2011).

7 Humanitarian Practice Network, *Good Practice Review: Operational Security Management in Volatile Environments*, GPR 8, 2010.

8 Larissa Fast and Michael O'Neill, 'A Closer Look at Acceptance', *Humanitarian Exchange*, No. 47, June 2010.

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