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Humanitarian Access SCORE Report: Central African Republic

Survey on the Coverage, Operational Reach, and Effectiveness of Humanitarian Aid

Humanitarian Outcomes

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Humanitarian Outcomes

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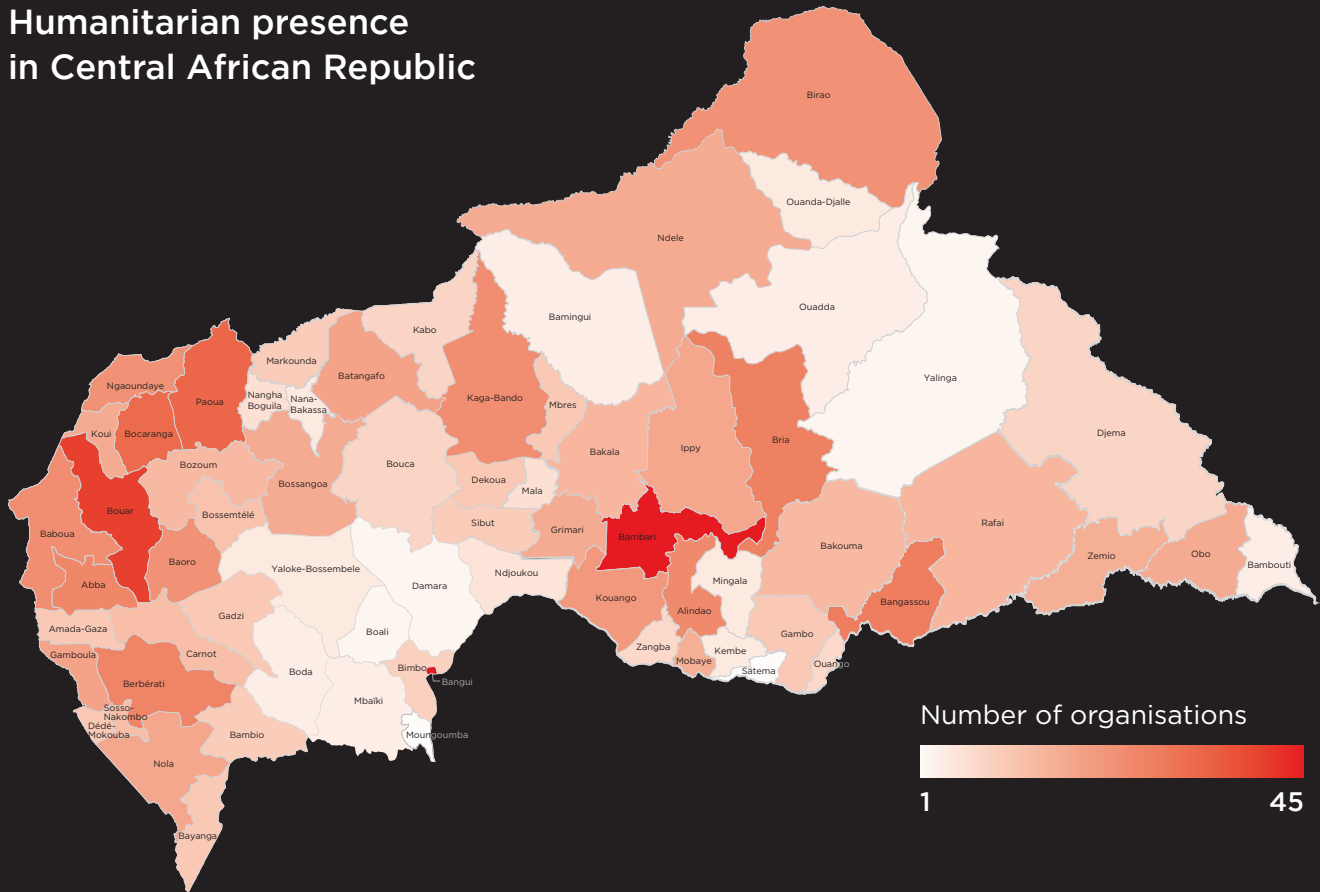
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Humanitarian presence in Central African Republic

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Gambo
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Kembe
Satema
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Bimbo
Bangui
Sosso-Nakombo
Dédé-Mokouba
Mbaïki
Bambio
Moungoumba
Nola
Bayanga

Number of organisations

1 — 45

Data from http://www.unocha.org/car

Summary

The obstacles to humanitarian access in the Central African Republic (CAR) include high levels of violence and criminality, extremely challenging logistics, and an under-capacitated humanitarian response. The large number of armed groups complicates efforts at negotiated access agreements, and since violence against aid agencies stems largely from opportunistic criminality and banditry, such agreements provide limited protection. The near complete absence of a paved road network adds to the difficulties of reaching the nearly 2.6 million people in CAR who need aid and who are dispersed over a wide geographic area. Mired in protracted civil conflict, the country hosts an under-funded United Nations peacekeeping force and a smaller than usual international humanitarian response relative to the severity of the crisis, which is beset with chronic challenges in

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recruitment and retention of personnel. The instability, weak capacity, and logistics issues all conspire to cause what one humanitarian described as 'too much of a supply-driven, mechanical response', rather than one that is tailored to the needs of the affected population.

People we surveyed in CAR indicated a markedly more negative appraisal of the humanitarian response than we have seen in other SCORE contexts to date (Afghanistan and northeast Nigeria). The survey found that:

▶ the aid presence is static or shrinking in most areas

▶ aid is not seen to be reaching the areas where it is needed most

▶ people that received aid said it did not cover their basic needs

▶ insecurity is the principal constraint to humanitarian access.

Despite the challenges, some humanitarian organisations in CAR have had success worth noting. A few, such as Médecins sans Frontières (MSF) and the International Committee of the Red Cross (ICRC), have managed to negotiate access with armed groups in specific areas across the country. Others have adopted a highly-localised, multisectoral and community-driven approach, such as the IMPACT Initiatives/ACTED AGORA initiative, which reduces the need for people to travel to access aid, and for aid to travel to reach them. As armed conflict continues to simmer, the most promising humanitarian practices have been focusing on people's access to aid and services, rather than only the aid agencies' access to populations.
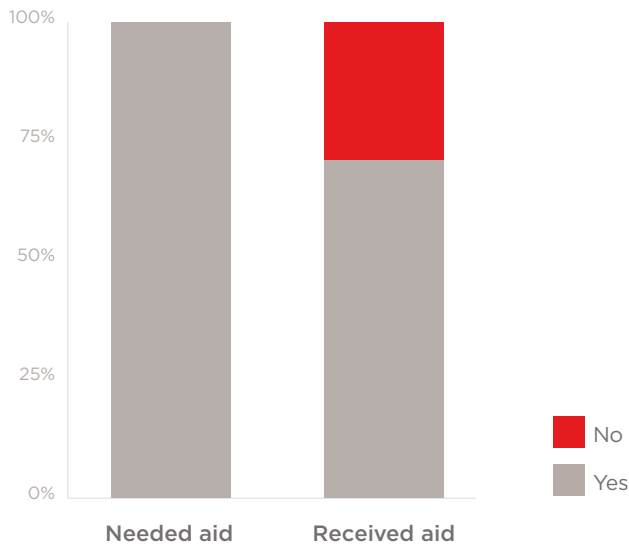
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The crisis

Ongoing armed conflict and generalised insecurity in CAR has resulted in a severe and long-running humanitarian crisis. In 2013, a coup touched off fighting between rival coalitions of Muslim and Christian militias that brought the country to the brink of genocide. International intervention brought the worst of the fighting under control and facilitated a democratic election, but seven years later, the government has control over only a small portion of the country and atrocities against civilians continue.

By April 2020, nearly 700,000 people had been displaced, 616,000 had fled into neighbouring countries, and 350,000 had returned to their places of origin—295,000 of whom are in need of protection from violence.[1] More than half of the population (2.6 million people) need humanitarian assistance of some kind and 1.6 million people are in a severely precarious situation. In March 2020, the first case of Covid-19 was confirmed, threatening to layer on a major health crisis and further economic hardship. Health facilities are scarce and there are only 7.3 health professionals per 10,000 people in the country.[2]

All 555 of the randomly sampled survey respondents reported that they were in need of assistance, while only 29 per cent reported having received any aid in the past year (Figure 1).

Figure 1: Did you receive aid in the past year? Did you need aid in the past year?

Survey on Coverage, Operational Reach, and Effectiveness (humanitarianoutcomes.org/projects/core)

The combination of insecure operating conditions and a weak logistical infrastructure means that much of the humanitarian aid response in CAR is reliant on costly air transport. As is typical in hard-to-access contexts, this means that the type of aid provided tends to be of the

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[1]   United Nations International Children's Emergency Fund (UNICEF). (2019) *Humanitarian Action for Children 2020 – Central African Republic.*

[2]   United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2020). *Humanitarian Bulletin Central African Republic Number 54 April.* OCHA. (2019a). *Humanitarian Response Plan;* OCHA. (2019b). *Humanitarian needs overview;* REACH/OCHA. (2019). *Central African Republic Multi-sector needs assessment;* European Civil Protection and Humanitarian Aid Operations (ECHO). (2020). *Central African Republic facts and figures.*

type conducive to simple delivery rather than sustained programming. This is reflected in the even higher than usual proportion of respondents receiving food aid compared to other types of assistance such as medical/health aid, which tends to require sustained presence and technical capacity in situ.

The minority of respondents that received aid were more than twice as likely to have received food than any other type of assistance (Figure 2).

Figure 2: Types of aid received
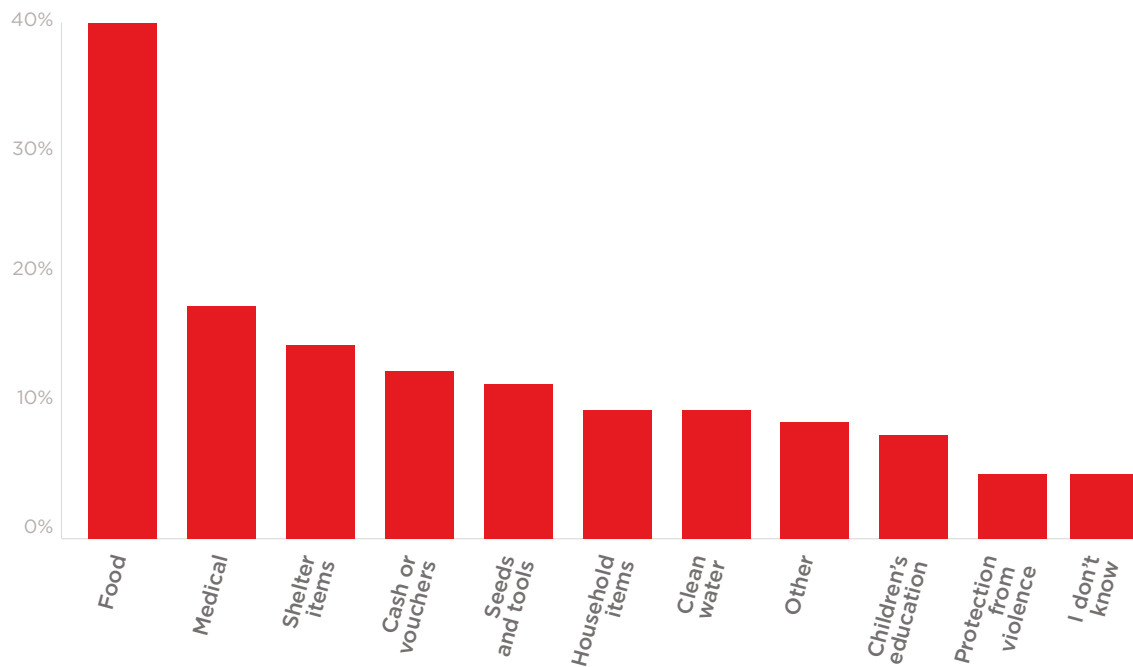
Survey on Coverage Operational Reach and Effectiveness (humanitarianoutcomes.org/projects/core)

Survey responses from those who had received aid conveyed the paucity of what was provided. When asked whether the aid they received covered their basic needs, a majority responded in the negative ('not really' or 'not at all'), with similar percentages saying that the aid had not reached the neediest areas (Figure 3).

Figure 3: Reach and relevance of aid relative to needs
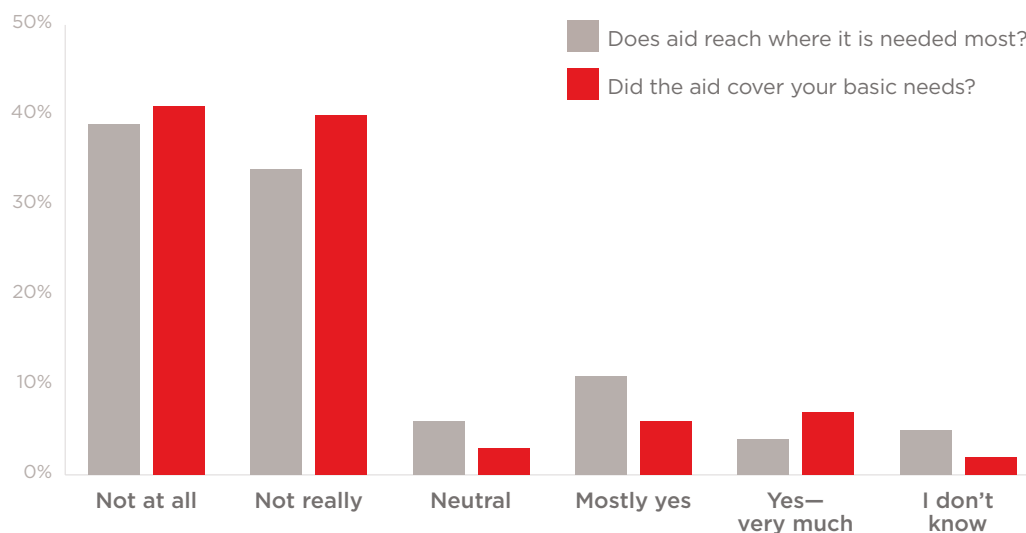
Survey on Coverage Operational Reach and Effectiveness (humanitarianoutcomes.org/projects/core)

The humanitarian presence

At the start of 2020, there were 139 humanitarian organisations responding to the crisis in CAR—68 national NGOs, 55 international NGOs, 11 UN agencies and three International Red Cross and Red Crescent Movement organisations. This number has stayed roughly the same since 2016—a somewhat smaller number of organisations than would normally be responding to a crisis of this severity—and, of itself, is somewhat misleading in terms of on the level of coverage the humanitarian response has been able to provide. For example, according to one interviewee, health facilities that are 'in theory' being supported by aid organisations listed on operational presence maps (3Ws) are simply not functional; lacking supply chains, personnel and/or the technical capacity to supervise them properly.

Struggles to recruit and retain staff have made it difficult for organisations to invest sufficient resources and develop the skills needed for effective access strategies. Interviewees and reports have noted difficulties in recruiting and retaining sufficiently qualified international staff and in finding national staff with the right levels of skills.[3] Levels of turnover are particularly high. A report by the HERE-Geneva research group describes one organisation as having had four different country directors in a year, and highlights others where key positions have remained vacant for several months.[4] Organisations report serious difficulty in recruiting personnel. The pool of qualified international candidates is limited due to it being a francophone posting and low-profile emergency, despite its severity. Qualified national staff are also hard to find given CAR's low education levels and years of brain-drain emigration. The weak organisational capacity has unquestionably constrained the reach of the humanitarian response. A Refugees International field report noted that, 'Humanitarian groups are forced to pivot between the most severe emergencies, thus sometimes ignoring hard to reach areas and abandoning populations.'[5] The report also describes how resource constraints have slowed response times to new outbreaks of violence and prevented adequate investments in contingency planning and stocks of essential relief items.

Unlike in many other humanitarian emergency contexts, in CAR 'there are never 20 NGOs in the same place', said one international NGO representative 'in many areas we are the only one.'

Most of the people surveyed perceived the low-level humanitarian presence as having stayed largely static or reduced in recent years (Figure 4).

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[3] Montemurro, M. and Wendt, K. (2019). *From macro to micro. HERE 'mandates' study Central African Republic report.*

[4] Ibid.

[5] Lamarche, A. (2019). *Leaving the embers hot. Humanitarian challenges in the Central African Republic,* field report February 2019, Refugees International.

Figure 4: How has the aid presence changed in your area?
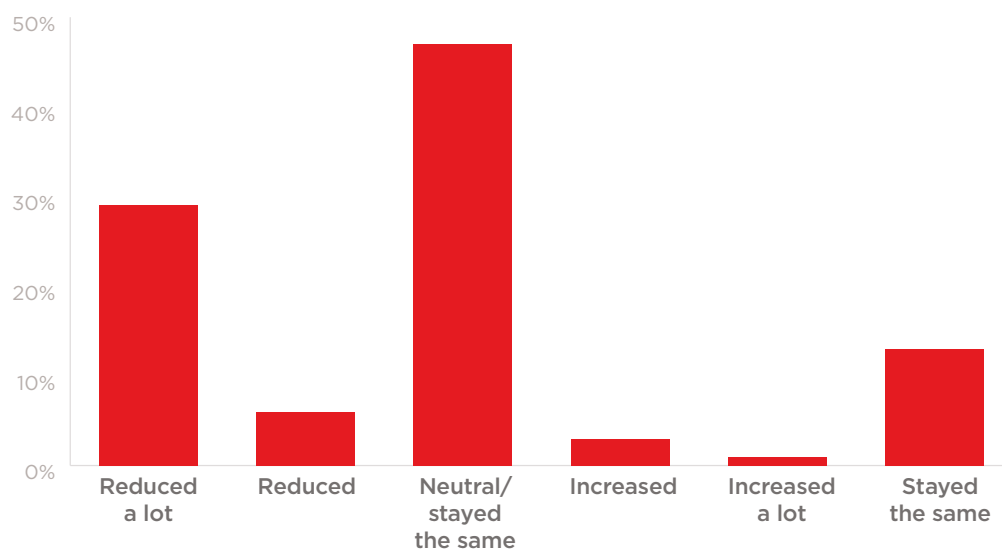
Survey on Coverage Operational Reach and Effectiveness (humanitarianoutcomes.org/projects/core)

Although the OCHA-coordinated humanitarian response plan was relatively well funded last year (70.2%), aid organisations were forced to request a high level of no-cost extensions and carry-overs for funds they were not able to implement because of access and capacity constraints.[6]

Access obstacles

Insecurity

The dynamics of the conflict are highly localised, with a proliferation of loosely organised armed groups, many of which engage in banditry as a means of income. In addition to the numerous militias fighting under the anti-balaka and Seleka banners, the extremist Lord's Resistance Army (LRA) has for several years engaged in attacks in CAR's south east. The country has hosted a UN peacekeeping force, the Multidimensional Integrated Stabilization Mission (MINUSCA) since late 2014, which has helped to stabilise many areas, but it struggles with its own capacity issues and the inherent problems of contending with multiple small militias that have no real command and control structures. Elections in 2015 and a ceasefire in February 2019 have created moments of optimism, but levels of violence against civilians remain high.

Humanitarian actors currently working in CAR perceive the security situation to be worsening, with new threats emerging from the Covid-19 pandemic reported to be sparking resentment and suspicions that the international community is bringing the virus into the country. The Aid Worker Security Database (AWSD) records 15 incidents of major violence on aid workers in in CAR in 2019, including 6 killed, 14 wounded, and 4 kidnapped. Already in the first half of 2020, nine major attacks have been recorded.

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6   OCHA Financial Tracking Service (FTS). (2020). Appeals and response plans overview. Retrieved from: https://fts.unocha.org/appeals/overview/2019 [16 June 2020] and OCHA. (2019d). *2018 Humanitarian funding update.*

When less severe incidents such as robberies and burglaries are counted, humanitarian actors suffered 306 security incidents involving staff and goods in 2019, and an increase in harassment and interference from some armed groups.[7] Increased inter-communal violence in Ndele since April 2020 has led to 8,000 people being displaced and the temporary suspension of all humanitarian activities since 19 May by a group of international NGOs following 27 security incidents.[8]

Unlike other civil conflict settings, humanitarians are not expressly targeted for political reasons (i.e. for their perceived association with the government or other political agendas). An interviewee described it as being caught up in the 'collateral damage' of armed groups striking on civilian communities or seeking resources. As a result, international NGOs have been attacked more frequently than the resource-poor national NGOs or the heavily protected UN agencies.

Of course, it is defenceless civilians who bear the brunt of the violence. Although overall political violence seems to have decreased in 2019 (299 total reported events) compared with the previous year (628 total reported events), the protection crisis in CAR remains dire. Since the start of the conflict in 2013, the ACLED database records 3,228 events of violence, of which 1,573 were against civilians. The attacks included armed attacks, sexual violence, abductions and forced disappearances, and resulted in a total of 5,421 civilian fatalities.[9] In remote areas, people face considerable danger when they have to travel to access vital services.

Figure 5: Attacks on aid workers in CAR
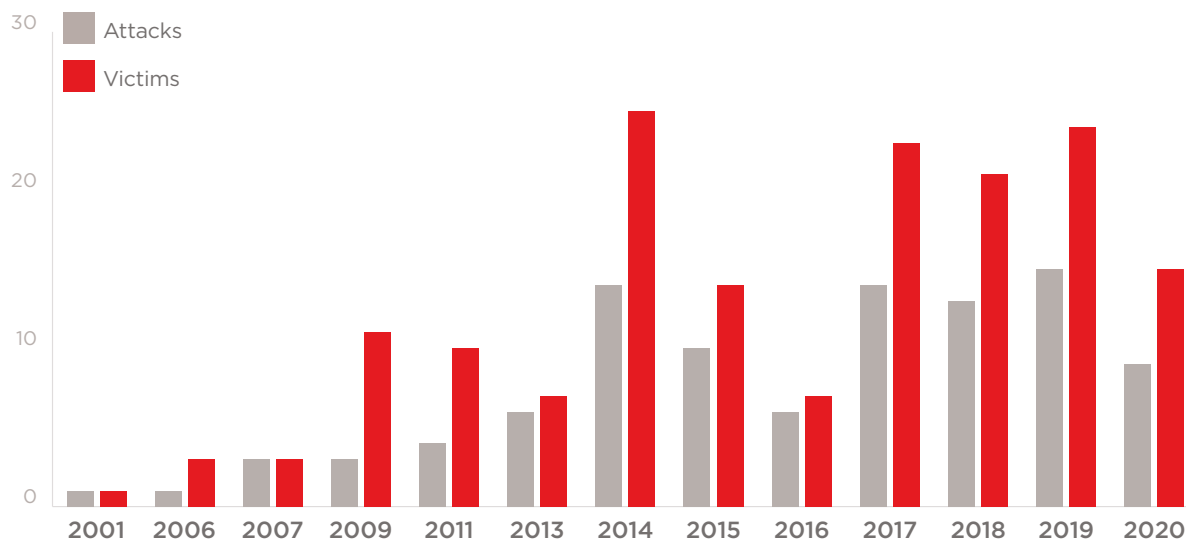
Source: Humanitarian Outcomes, Aid Worker Security Database. Figures relating to 2020 are partial and unverified. Data collected on June 15, 2020.

Between January and October 2018, 20 organisations had to temporarily withdraw from their intervention areas. The proliferation of armed groups complicates negotiations and high levels of criminality and banditry mean that, even where agreements with local armed groups have been brokered, they do not necessarily protect against random robberies and what OCHA (2019) describes as a 'permanent climate of insecurity.'[10]

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7   OCHA. (2020). *Humanitarian response plan;* ACAPS. (2020). CAR overview. Retrieved from: https://www.acaps.org/country/car/crisis/complex-crisis [16 June 2020]; OCHA. (2019c). Central African Republic: *Overview of incidents affecting humanitarian workers (Jan-Sep 2019).*

8   ACAPS (2020).

9   The Armed Conflict Location & Event Data Project (ACLED). (2020). Central African Republic data, 2013–2020. Retrieved from: https://acleddata.com/dashboard/#/dashboard [June 2020].

10   OCHA (2019b). REACH/OCHA (2019).

Because the armed groups in CAR are not ideological extremists of the type aid workers encounter in other settings, they are amenable to negotiations, cognisant that it is to their advantage to allow the humanitarian community to operate. The difficulty comes in the highly decentralised nature of the militias, and the lack of discipline among their members. Certain UN agencies and NGOs regularly meet armed groups at all levels, some of which, they say, are 'little more than gangsters'. The fuzzy line between armed conflict and common criminality in CAR means that acceptance-based strategies are less valuable. Some interviewees said their organisations had adopted more protective and deterrent approaches. Others have tried to mitigate risk by minimising holdings and the transport of cash, and one organisation has made clear in its public messaging that if its facilities are looted, it will cease operations in the area. Some peer-to-peer learning on access has also taken place. A mediation project of the Norwegian Refugee Council was reportedly helpful for all responders when conflict broke out in Alindao in late 2018, with protection teams gaining acceptance from local armed groups for an aid delivery response.[11]

Figure 6: What prevents aid from reaching where it is needed most?
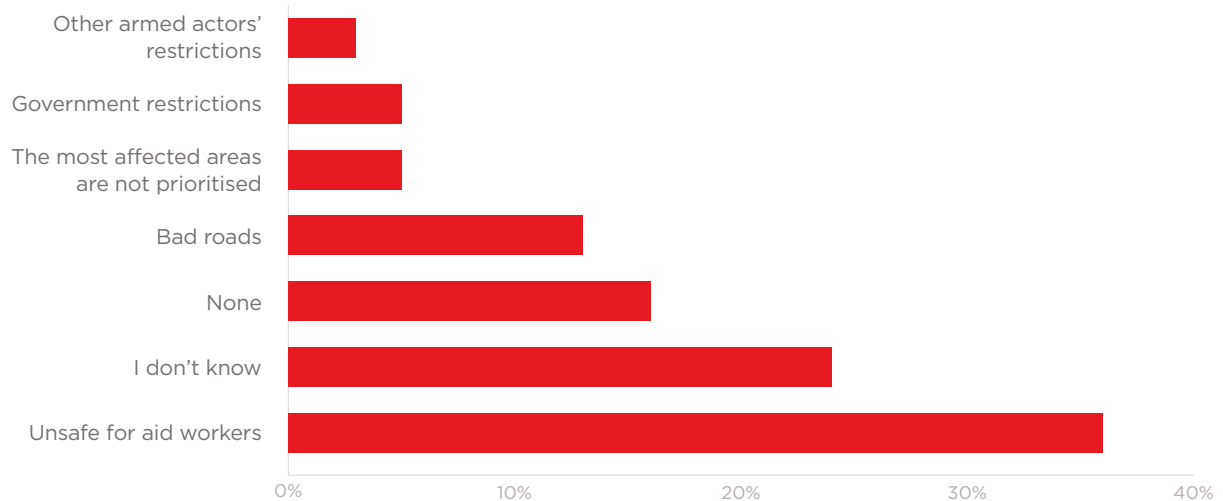
Survey on Coverage Operational Reach and Effectiveness (humanitarianoutcomes.org/projects/core)

Logistical constraints

In CAR, only 2.5 per cent of the road network is paved, and many roads are impassable during the rainy season between May and October. Storage facilities are limited, and many areas of the country are not covered by a telecommunications network.[12] Heavy seasonal rainfall and flooding in 2019 has further disrupted the delivery of aid. As at 11 November 2019, at least 57,000 people were estimated to have been affected by the flooding, of whom 14,600 were from the capital, Bangui, and the nearby city of Bimbo. Preliminary assessments reported that at least 10,000 houses had been destroyed by the flooding, prompting the government to appeal for further international support.[13] Given the constraints of road travel, the UN Humanitarian Air Service (UNHAS) is of critical importance but continues to be threatened by funding shortages.[14]

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[11]   Montemurro, M. and Wendt, K. (2019).
[12]   OCHA (2019b).
[13]   ACAPS (2020).
[14]   Lamarche (2019).

When travelling by road in high risk areas, UN agencies are required to have armed MINUSCA escorts. However, the already strained capacity of the peacekeeping force, combined with UN security teams that are too small to regularly re-assess the security of roads, often results in frustrating delays.

The lack of banks and telecommunication networks further constrains the feasibility of cash-based programming, given the dangers of transporting physical cash. Aid agencies are starting to be able to do mobile payments in some areas and are working with mobile providers to try and expand areas where that is possible. Agencies have also used fund transfer companies that can move cash in armoured vehicles—but this is very expensive. Agencies are actively trying to expand cash and voucher approaches and work with traders as part of market assessments, but voucher approaches remain largely limited to urban centres. In November 2019 WFP was reaching 130,000 people per month with voucher-based assistance, and was progressively scaling up to a goal of 200,000 people per month.

The tension between a focus on a particular geographic area and maintaining the flexibility to respond to needs as they emerge in new areas is particularly acute in CAR due to the high operational costs needed to establish and maintain a presence in hard-to-reach places. The UNICEF-led rapid response mechanism (RRM) has helped to provide emergency response capacity for new shocks but, as the HERE-Geneva report notes, has been used so often that it risks becoming a standard operating modality rather than a mechanism of last resort.[15]

Coordination, communication and transparency

Some interviewees pointed to a failure by some organisations to do their own analysis and an over-reliance on MINUSCA, OCHA and the International NGO Safety Organisation (INSO). Some NGOs were seen as 'calling on OCHA' to tackle access problems without developing the necessary relationships to sort out issues more locally. Interviewees also pointed to huge gaps between theory and the reality of programming in offices beyond the capital where national staff are often given little support. A lack of management means that responsibilities for negotiating access at a local level are being placed on staff with limited support, training or skills in doing the necessary analysis and relationship building. At the international staff level, the problems of rapid turnover, unfilled positions and a lack of institutional memory further hinders coherent access strategies. Examples of good practice are often reliant on particular individuals, without their approaches and strategies being institutionalised or handed over.

Interviewees noted that humanitarian organisations in CAR had historically been slow to develop systems for accountability to affected populations (AAP) and that what systems were there remained pretty anaemic. The quality of AAP, protection, gender and disability sensitivity, context analysis and community engagement were all seen as having room for improvement but with human resource challenges making improvement difficult. Access challenges made it difficult to engage with people, and lack of engagement had undermined trust and left people angry with agencies. 'Poor quality programming and delivery has led to discontent amongst the affected population, who view humanitarian organizations with a level of displeasure, and raises questions as to their acceptance of the humanitarian community. This question of acceptance, in turn, has an impact on safety, security and access for humanitarians.'[16]

Survey respondents echoed the sense that they had not been consulted enough, with a plurality saying this would be the best way the humanitarian community could improve its ability to provide aid (Figure 7).

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15   Montemurro, M. and Wendt, K. (2019).
16   Peer-2-Peer Support. (2018). *Mission report P2P Central African Republic,* summary note.

Figure 7: How could aid providers best improve reach?
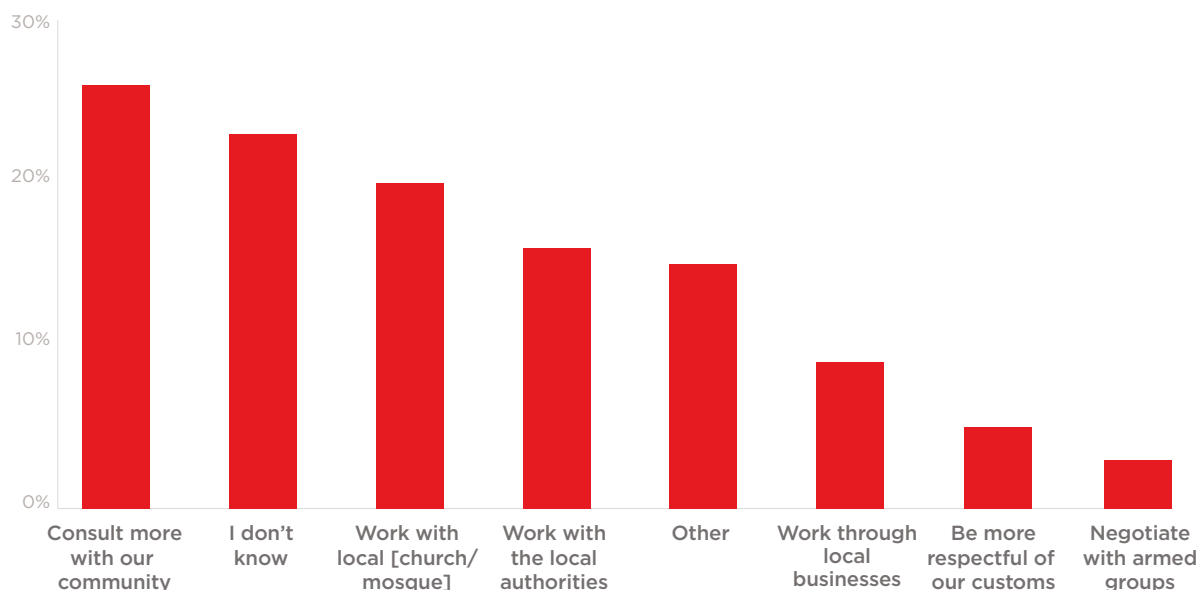
Survey on Coverage Operational Reach and Effectiveness (humanitarianoutcomes.org/projects/core)

The most present and effective aid providers

When asked which humanitarian actors they saw as being most present and able to reach people with aid, survey respondents cited ACTED far more than any other organisation. The largest international NGO in the country, ACTED works across most sectors and engages in both rapid response and sustained, multisectoral programming in individual communities.

AGORA is a joint initiative of ACTED and IMPACT Initiatives that enables a participatory approach to serving crisis-affected communities, engaging multiple sectors, other international aid providers, and a wide range of local actors from public, private and civil sectors. By converging actors and services around a single locality, initiatives such as AGORA can reduce the risk that crisis-affected people will receive only one type of aid from one provider, which they would then need to sell in order to obtain the goods that then need—which often carries the additional risk of travel.

ICRC and MSF were also named by humanitarian interviewees as having a particularly strong approach to access with strong field presence, clear access strategies and good capacities for analysis and negotiation.[17] For example, MSF Spain's approach to gaining access to Ningala during the height of the conflict involved two months of village-by-village negotiation along a two-day drive. In contrast, another NGO was less cautious and painstaking, and when they reached Ningala, its staff were detained for a few days.

[17] Tournier, V. (2019). *Accès humanitaire. Diagnostic, recommandations & bonnes pratiques. Etude de cas de Bria,* Sawa Consulting.

In the uniquely challenging context of CAR, it is worth differentiating humanitarian *access* from humanitarian *presence*. The former requires the will and ability to negotiate security guarantees and accept increased risk to penetrate difficult areas, even with a small operational presence or one-off mission. The latter is a result of investing in the capacity to scale up and sustain operations to serve larger numbers of people. The most successful humanitarian actors in CAR have directed energy to both; actively reaching out to armed groups to gain access to un-served places, and then programming in a way that ensures the people in those communities need not risk their lives venturing far afield to access the services they need. Like the AGORA initiative, this means involving various diverse partners across all sectors, and basing activities on community identified priorities.

Reflecting this understanding, OCHA's humanitarian response plan strategy in 2019 was based not only on a stronger prioritisation of urgent life-saving needs, but also the decentralisation of aid programming and increased presence through investments aimed at improving people's access to aid rather than the other way around.

Strengths and advantages

- **Supporting people's access to aid/services:** 'Using the "territorial" approach, we created local collaboration platforms that are sustained by the communities. It's very localised, not generic.'

  '[Our organisation] supports referral systems. Either our staff can transport people on bikes or pay for commercial motorbike drivers.'

- **Negotiated access for aid groups:** 'Almost every place can be accessed. Negotiations are possible. We have managed to [negotiate our way in] almost everywhere.'

- **Rapid response:** 'Our model is agile so whenever I want to open a new base I can do it in one day without waiting for approval from HQ.'

- **(Some) donor flexibility:** 'The costs of maintaining presence are enormous. As a donor [we] need to be aware of that and allow a high level of indirect costs. Others are much less generous, and that makes running programmes really challenging.'

Areas for improvement

- **Low organisational capacity:** 'It's very difficult for NGOs to have [a] large volume of activities because it is impossible to implement—they don't have the capacity to absorb the funding, so they are limiting their activities [and are unable to do multisectoral programming].'

- **Weak AAP:** 'CAR has been really behind on AAP.'

  'AAP, protection, gender and disability sensitivity, quality of context analysis and community engagement—all [have] huge room for improvement.'

- **Clustering of aid presence in easy-to-reach places:** '[One agency's] livelihoods work has mostly focused on easily accessible rural areas. The really remote and isolated areas are much harder.'

- **Lack of transparency of operational presence:** 'You always end up with maps with dots, but just because an agency claims presence doesn't mean that it is actually doing anything. You need real mapping of what is being done and delivered and actual health outcomes— not just people planting flags.'

In a protracted crisis, a supply-driven delivery model will not contribute to any recovery or durable improvements. The capacity-challenged humanitarian actors working in CAR have recognised this and shifted to a more community-centred approach that holds more promise. There remains no substitute for the basics of humanitarian access, investing in training and analytical capacity, and negotiation/sustained engagement with communities, authorities and armed groups. The high turnover of staff in CAR makes this particularly difficult, reinforcing the need to invest in national staff, strong partnerships and systems to maintain continuity.

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