

Rapid Response Mechanism: Central African Republic

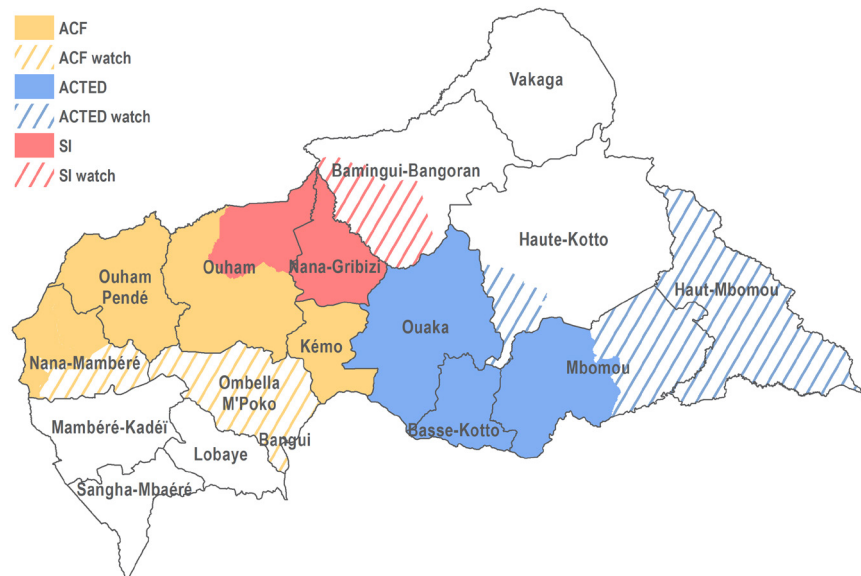
Annual factsheet

01 January - 31 December 2017



The Rapid Response Mechanism (RRM) is designed to monitor humanitarian action, conduct multisector assessments, emergency non-food items (NFI) distributions and water, sanitation and hygiene (WASH) interventions when there is no capacity on site. Currently, the RRM is made possible through the generous support of the Common Humanitarian Fund (CHF), the European Union Civil Protection and Humanitarian Aid Office (ECHO), the Office of U.S. Foreign Disaster Assistance (OFDA), Japan and the Swedish International Development Cooperation Agency (SIDA). All RRM products are available on the [Humanitarian Response](#) portal.

2017 Coverage



In 2017, the RRM had 3 operational partners covering 12 out of 16 prefectures in the Central African Republic, with the exception of Lobaye, Mambéré-Kadéï, Sangha-Mbaéré and Vakaga. Coverage in Bamingui-Bangoran and Haute-Kotto was only partial.

The prefectures of Haut-Mbomou and Mbomou had been designated as 'humanitarian watch' areas, given the relative low density of alerts in 2016 and at the beginning of 2017. However, the density of alerts in these two areas sharply increased in the second half of 2017; operational capacities were thus reoriented to ensure a RRM response in these prefectures.

The extent of the geographical coverage enabled the setting up of an early warning system which, during 2017, sent (or received) a total of 128 humanitarian alerts.

Mandate

The Rapid Response Mechanism is designed to provide rapid humanitarian assistance following conflict-related shocks and natural disasters resulting in population displacement, as well as in response to epidemics. The RRM intervenes in coordination with the humanitarian community and provides NFI or WASH assistance when no other partner has the capacity to respond. Three key pillars are defined in its mandate:



Keep a humanitarian watch by means of rapid sectoral and multi-sectoral needs assessments in areas of displacement and return, and share results with the humanitarian community at large.

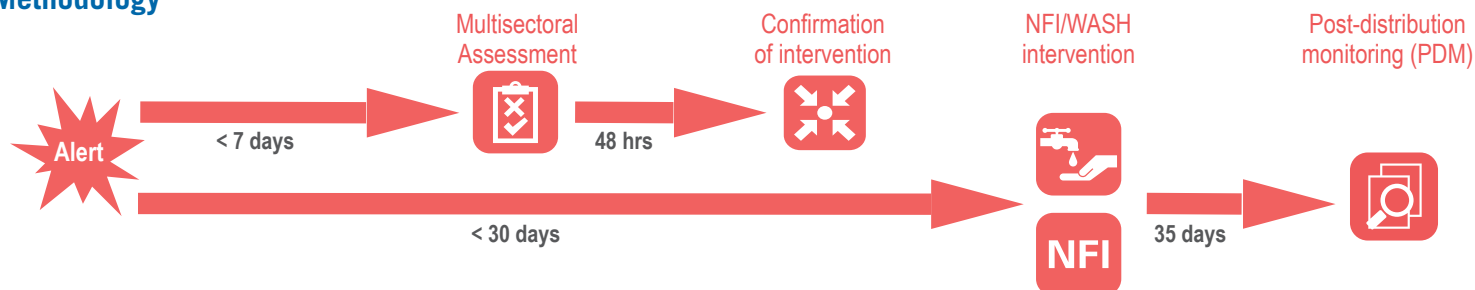


Provide essential NFI assistance to vulnerable populations, in the 3 months following a humanitarian shock, when no other actor has the capacity to intervene.



Provide access to drinking water and sanitation facilities (latrines, showers, hand-wash tanks etc.) to vulnerable populations, in the 3 months following a humanitarian shock, when no other actor has the capacity to intervene.

Methodology



The RRM intervenes to support:



Displaced populations whose displacement (of at least 100 households) occurred less than 3 months after a shock and who can be reached within a delay of 3 months after the movement occurred.



Returnees¹ or spontaneously repatriated² populations (at least 100 households) who can be reached within a delay of 3 months after their return.



Host communities³ and particularly vulnerable groups of residents living in areas of displacement or return, where the RRM intervenes.

¹The term 'returnees' refers to people who have come back to their pre-crisis location following a period of internal displacement. ²The term 'repatriated' refers to former refugees who have returned from neighbouring countries. ³The term 'host community' refers to individuals that have not been displaced as the result of a humanitarian-related event and are not hosting anyone in their home.



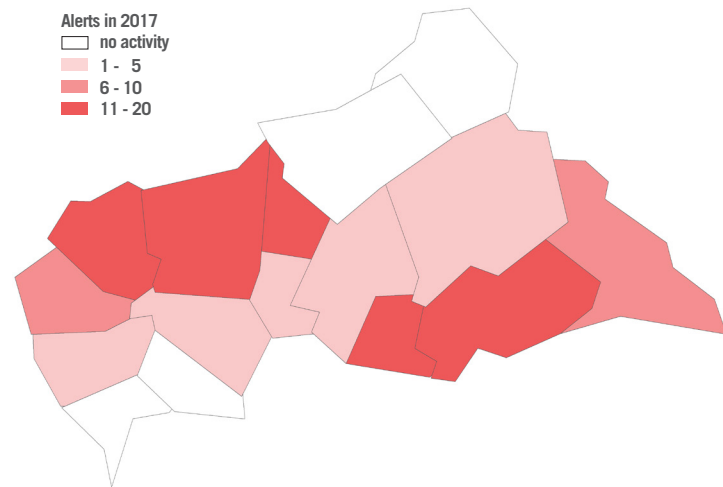
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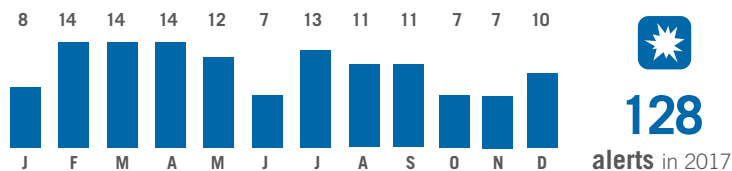
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Alerts received or sent by the RRM in 2017

Alert distribution in 2017:



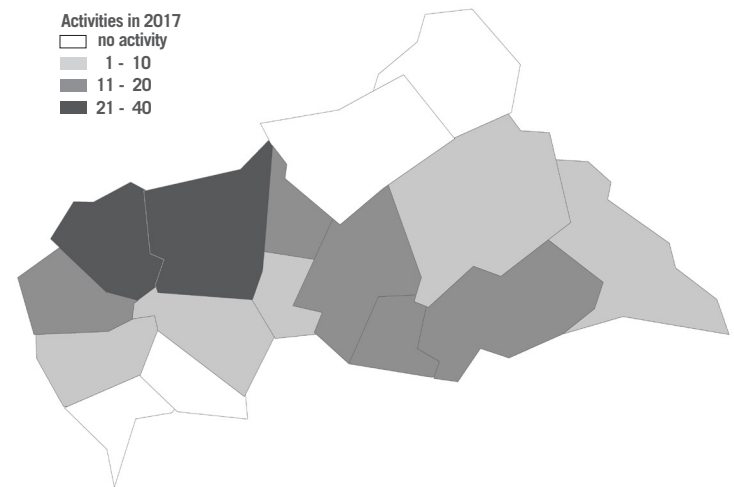
Alerts received or sent monthly in 2017:



Overview of RRM activities in 2017

Activity distribution in 2017:

(MEX, MSA, NFI distributions and WASH interventions)



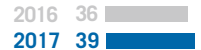
Multi-sectoral assessment (MSA):



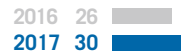
Exploratory mission (MEX):



NFI distributions:



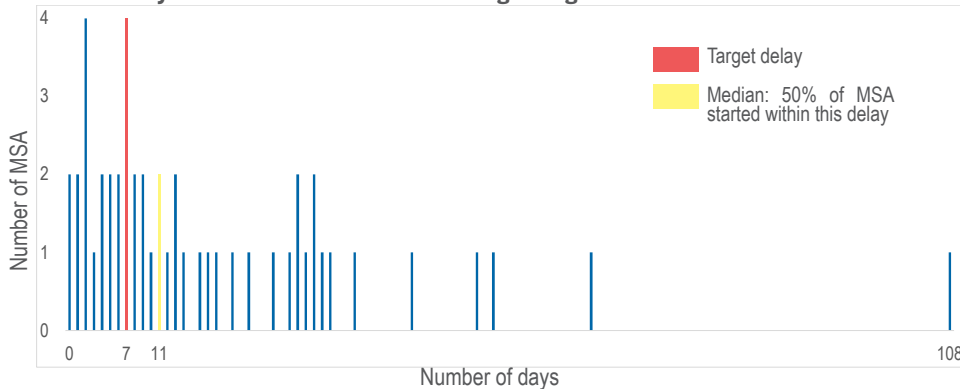
WASH interventions:



Delays

The RRM, conceived as an emergency response mechanism, aims to provide assistance to affected populations in the shortest possible delays after a shock. However, the security context in the Central African Republic, as well as the types of displacement and protection issues characterising the ongoing crisis, impose significant constraints and challenges to the programme's reactivity. A coherent methodology to monitor the delays of intervention was put in place by the RRM, which enables the identification of common hold-ups and informs the programme's strategy to increase its effectiveness.

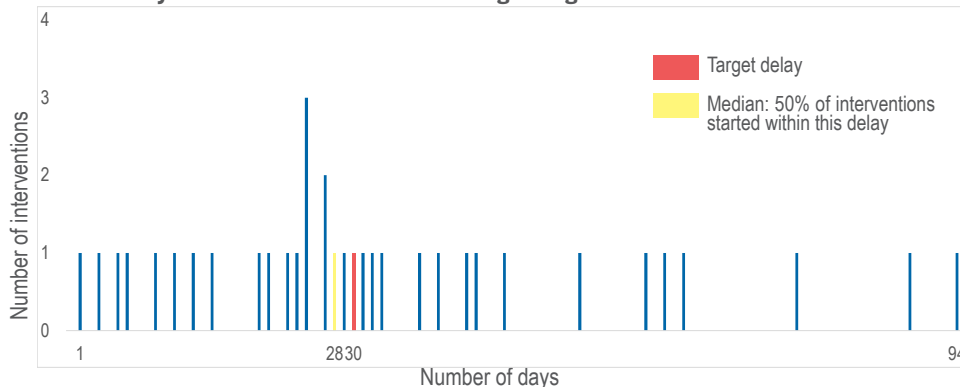
Number of days between a shock and the beginning of an MSA in 2017:



In 2017, the delay between shocks and the realisation of multi-sectoral assessments was on average well beyond the 7-day target fixed by the programme. However, the delays significantly improved compared to 2016. In 2016, 19% of conducted MSA were initiated within 7 days or less after a shock. This percentage increased to 38% in 2017.

The most commonly reported causes for exceeding the target delay were a **lack of access due to security** and **logistical constraints**; the RRM operates in fact in some of the most unstable and remote areas of the country.

Number of days between a shock and the beginning of an intervention in 2017:



In 2017, 57% of RRM interventions started within the 30-day target delay fixed by the programme. This represented a significant improvement compared to 2016, when only 35% of interventions were commenced in 30 days or less. In the majority of cases, bottlenecks were reported between the shock and the evaluation. When additional delays were accumulated between the MSA and the intervention, the most commonly reported cause was the **mobilisation of resources on other activities**. This implies that, once security and logistical access have been secured, activities tend to follow. However, the multiplicity of alerts over a same period and high caseloads can impair the reactivity of the programme.

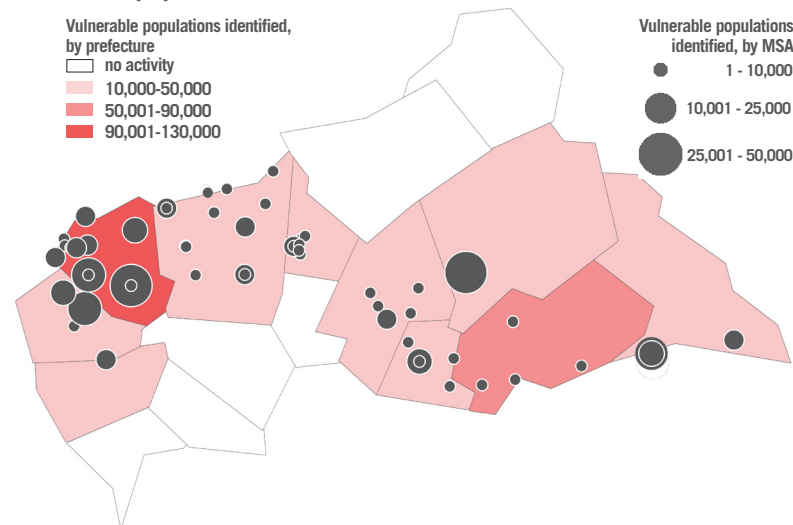
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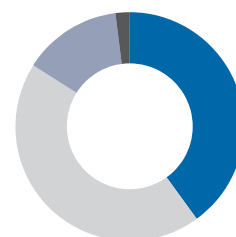
Results of multi-sectoral assessments (MSA) in 2017

Vulnerable populations identified in 2017:



Vulnerable populations identified in 2017, by status:

Displaced 40%
Host community² 44%
Returnees¹ 14%
Repatriated³ 2%



Overview of key indicators in 2017:



Recommended interventions, by sector:

Following multi-sectoral assessments, recommendations for each sector are provided by the RRM based on the key indicators collected. In 2017 the RRM provided a response to more than half of the crises for which an intervention had been recommended in its sectors of intervention (Shelter/NFI and WASH), while in the other instances assistance was provided by humanitarian actors who had a presence on the ground and a capacity to intervene rapidly.

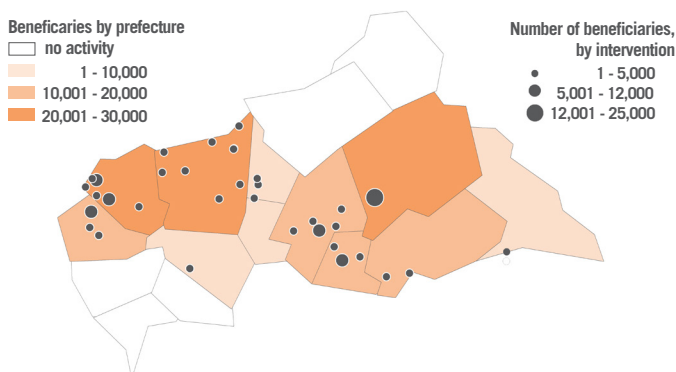


*Percentage of MSA recommending an intervention in the sector concerned.

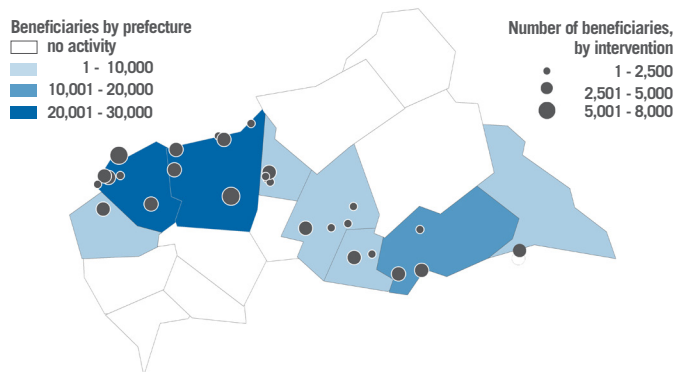
**Percentage of interventions carried out by the RRM out of the number of MSA recommending an intervention in the sector concerned. Ongoing activities are not taken into account.

Distribution of beneficiaries and key Post-distribution monitoring (PDM) results in 2017

NFI distributions in 2017:



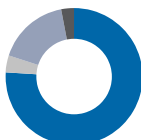
WASH interventions in 2017:



NFI beneficiaries, by status:

145,413
individuals
(28,006 households)

Displaced 76%
Host community² 4%
Returnees¹ 17%
Repatriated³ 3%



WASH beneficiaries, by status:

82,732
individuals

Displaced 39%
Host community² 19%
Returnees¹ 33%
Repatriated³ 9%



21 PDM
conducted in 2017.

Kitchen kits and tarpaulins were perceived as the most useful items of the NFI distributions.

Soaps and blankets were the items with which beneficiaries were most satisfied (quantity and quality of items received).

Activities carried out during WASH interventions vary according to the priority needs identified at each location. In 2017 WASH activities included, among others, the delivery of 117 hygiene sessions, the construction of 10 emergency latrines and the rehabilitation 49 water points.

75% of beneficiaries reported NFIs were distributed on time.

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