DARES (Deliver Accelerated Results Effectively and Sustainably)

Operational Framework to Guide Collaboration in Fragile, Conflict and Vulnerable Settings, with WFP, UNICEF and World Bank

Nearly 1.4 billion people are estimated to live in fragile contexts, and that number is projected to grow to 1.9 billion by 2030. Worldwide displacement is now at the highest level ever recorded, the number of people forcibly displaced by the end of 2016 had risen to a staggering 69.6 million people. Weak or lack of national capacity to deliver basic health, nutrition and social services, coupled with protracted conflict, presents the biggest challenge to current and future achievements in health, nutrition and WASH. The majority of deaths in the under 5s, and the highest rates of maternal mortality, malnutrition, under immunized children and infectious disease outbreaks occur in countries affected by fragility.

In this context the World Bank, UNICEF, WFP and WHO met in Geneva from 5-6 July 2017 to kick off the DARES (Deliver Accelerated Results Effectively and Sustainably) collaboration - which aims to deliver accelerated results, effectively and sustainably in fragile contexts - through a stronger emphasis on prevention, by increasing national capacity to deliver essential services, to mount effective outbreak response, and leave no one behind.

The concept of the collaboration is to be more effective in joint planning and coordination, faster in joint response, and more flexible, adaptable and stronger together. The four organizations\(^1\) will leverage each other’s relative strengths and resources to deliver better results through a more comprehensive and predictable operational capacity at the country level.

Building on the recent collaboration and positive results in Yemen, this operational framework defines the objectives of the collaboration and the principles by which the partners will be guided. It also outlines a number of practical operational issues of working together where, over time and based on experience and shared risk, best practices, guidance and tools will be developed to enhance the effectiveness and efficiency of the collaboration.

In the start-up phase, the country level partnership will be supported by global focal points\(^2\) to ensure consistent roll out; communication and messaging; follow up and course correction, assisted and underpinned by joint field missions in support of country level operations. The global focal points will communicate on a regular basis to take stock and jointly address issues that are causing (or are likely to cause) challenges or bottlenecks to in-country response operations.

\(^{1}\) Additional partner agencies may join the collaboration as the working modalities evolve, relevant to the country context and needs
\(^{2}\) UNICEF: Vidhya Ganesh; World Bank: Ernest Massiah; WFP: Denise Brown; WHO: Peter Graaff

August 2017
**Objectives and Guiding Principles**

The goal of the collaboration is to measurably improve health outcomes in fragile, conflict and vulnerable settings.

The objectives of the DARES collaboration in fragile, conflict and vulnerable settings are to:

- progressively increase the coverage and quality of essential health, nutrition and WASH services;
- strengthen health systems to ensure support for the most vulnerable and hard to reach;
- lay the foundations for sustainable health system recovery, including community level systems.

The collaboration will be guided by a number of principles:

- **Support national systems.** DARES will work with national and sub-national authorities, to the extent possible, recognizing the political context. DARES will collaborate with national and international partners to strengthen national systems and be proactive to prevent, prepare for and respond to deteriorating health situations;

- **Implement multi-year, flexible programming.** DARES will take a proactive, longer term perspective on country engagement and avoid short-term planning and budget cycles;

- **Ensure evidence-based programming.** Programmes and interventions will be prioritized based on data, evidence and joint analysis, with a focus on the most vulnerable, including women and children;

- **Maximise partnership.** DARES will leverage the comparative advantages and relative strengths of each of the four partner agencies to improve efficiency and reduce overlap and optimize for scale, speed and flexibility. DARES partners will work collaboratively to conduct joint needs assessment, iterative planning and performance monitoring, ensuring there is collective decision making and risk management. Additional partners may join the collaboration, depending on the needs, context and value-add;

- **Be accountable.** Partners will be accountable for results that will be communicated regularly and transparently;

- **Adhere to humanitarian principles.** DARES partners will respect and adhere to the humanitarian principles of humanity, impartiality, neutrality and independence and serve vulnerable populations with a view to leaving no one behind, in particular, women and children.
Operational Issues
The intention of the collaboration is to empower and enable the partners to work more closely together at country level. A number of operational areas have been identified where best practice, guidance and tools will be developed to enhance the effectiveness and efficiency of the collaboration.

1. Needs assessment and risk analysis
   - Share, jointly map and analyse existing information;
   - Identify critical data gaps and using innovative methods/tools to fill data gaps;
   - Undertake joint needs assessment and risk analysis ensuring feedback to all relevant corporate levels on these activities, outcomes and implications.

2. Strategic and operational planning
   - Define short/medium/longer term targets and results to be achieved;
   - Agree project/programme design principles and the package of essential services appropriate to the country context;
   - Identify national and sub-national capacity requirements including: health service delivery; health workforce; supplies, commodities and logistics; infrastructure; health systems; coordination and governance; information systems;
   - Standardise and rationalise costing and budgeting (including a common approach to addressing operational and staff costs).

3. Financing
   - Conduct donor mapping and financial gap analysis;
   - Discuss and agreeing financing modalities, priorities and options;
   - Leverage further resources and resource mobilization.

4. Monitoring, evaluation and reporting
   - Independent monitoring against common results and performance framework;
   - Undertake periodic joint programme reviews and evaluations, against planned objectives, using evaluation methods appropriate to fragile contexts;
   - Establish governance arrangements and arrangements for shared risk management at all levels of the respective partner organisations;
   - Report progress collectively, transparently and in a timely manner.
Pilot Countries
A number of pilot countries have been identified where there is both a need and an opportunity to pilot and demonstrate the value of a closer collaboration among the four agencies, along the lines of what has been developed to date in Yemen. These pilots have been jointly selected based on the following criteria:

1) Governments that are non-functional or not in control of large parts of their respective countries - Yemen, Somalia and Libya would fall into this category. In these countries a direct implementation model (i.e. a UN agency directly receiving IDA 18 funding (or from a Multi-Donor Trust Fund) may be possible.

2) Countries where the government has limited capacity - the Central African Republic and Haiti would fall into this category.

3) An additional consideration was to select an initial set of countries where the four agencies considered success to be likely (e.g. where sufficient in-country agency capacity exists, where close and ongoing collaboration between agencies is present and where there is the possibility to interest the Government in this type of partnership model).

The selected countries are listed below with a summary of agreed next steps. Countries listed as priority 1 would be where the DARES framework would be rolled out first or existing collaborations between the agencies would be further expanded. The goal is to ensure the collaboration is achieving a positive impact in the priority one countries by the end of 2017/beginning of 2018.
## Next steps: Draft workplan

<table>
<thead>
<tr>
<th>Country</th>
<th>Priority</th>
<th>Next steps August-December 2017</th>
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<tbody>
<tr>
<td>Yemen</td>
<td>1</td>
<td>Mid-point review to enhance ongoing collaboration, identify areas for improvement.</td>
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<td>Look for possible increase in involvement of WFP, to be reviewed at CO level.</td>
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<td>Implement support missions on a quarterly basis to address bottlenecks.</td>
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<td>Ensure full engagement with WFP.</td>
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<td>Somalia</td>
<td>1</td>
<td>Consensus between 4 agencies on choice of Somalia as a priority country for roll out of DARES.</td>
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<td>Define deliverables. Collective needs assessment and/or mapping a possible first step.</td>
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<td>Libya</td>
<td>1</td>
<td>WB meeting 7/7/17 on needs assessment from partners (in Tunis), with WHO, UNICEF and other UN agencies to attend. UN security assessment ongoing. Need to jointly review outcomes of Tunis meeting to identify opportunities and timeline. Collaboration may have to be more limited (for example, limited to assessment and data gathering) for now due to limited in-country capacity.</td>
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<td>Country strategy and outline of project plan to be ready by end September (ahead of WB Annual Meeting) of UN agencies and WB (Note: risk of embarking on too big a project/operation in light of limited agency capacity).</td>
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<tr>
<td>Central African Republic</td>
<td>1</td>
<td>Consensus reached that CAR should be a priority 1 country for DARES roll out.</td>
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<td>Brief respective ROs and COs and start to meet at country level.</td>
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<td>Joint support mission, face to face.</td>
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<td>Democratic Republic of the Congo</td>
<td>2</td>
<td>WB mission to DRC taking place in July 2017. Future collaboration should build on legacy WB investments and ongoing work of UN agencies.</td>
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<td>Review and decide on geographical parameters for a partnership (e.g. possible subnational focus)</td>
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<td>Djibouti</td>
<td>1</td>
<td>There is ongoing partnership developing in nutrition via country implementation modality. Possible to build out to other sectors.</td>
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<td>WHO to revert on health needs. Djibouti is a strategic base for logistics and supplies for the neighbouring countries.</td>
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<td>Syria</td>
<td>2</td>
<td>WB is ready operationally, but not politically in order to engage with the country. Review in a year.</td>
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<td>Haiti</td>
<td>2</td>
<td>Review at a later stage. Proactive govt. Ongoing WB and UN agency activities.</td>
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