



**FINAL REPORT
CARE INTERNATIONAL'S
HUMANITARIAN RESPONSE TO THE DARFUR CRISIS
REAL-TIME EVALUATION (RTE)
PHASE #1**

FINAL VERSION - JUNE 2004

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INTRODUCTION

A Real Time Evaluation (RTE) typically involves two to three monitoring “events” in the wake of a humanitarian crisis; the first is at the inception phase, usually again within 6 weeks to 2 months, and then again sometime afterwards, depending on how quickly the context changes and/or when there is a felt need for further review. It is an evaluative study done in real time with timely feedback to support organizational learning and provide an opportunity for management to step back and review the program. An RTE should identify good practices, gaps and provide information from an external perspective of how the field activities are being carried out. RTEs are not, however, particularly effective at measuring impact, do not usually normally provide a technical assessment, nor do they replace an evaluation at the end of a project or program. The main function of an RTE is as a key institutional learning tool for CARE International (CI) to enhance program quality and learning in a timely fashion.

In order to construct a snapshot of perceptions of key actors in the Darfur crisis Emergency Response, the RTE team interviewed a number of key CARE stakeholders, including CARE-France, CARE-Chad, CARE-Canada, CARE-Sudan, CI, UNHCR and CARE-USA. The objective of this Real Time Evaluation (RTE) was to assess the relevance, connectedness, effectiveness and efficiency of CARE’s emergency response, as well as our positioning in the terms of advocacy and humanitarian protection. The Terms of Reference is attached as an annex to this report.

METHODOLOGY

Jock M. Baker led this RTE in his capacity as CARE International’s Coordinator for Quality, Accountability & Standards, with the support of his assistant, Grace L. Chikoto. This team reports to the CARE International Emergency Response Director (ERD), Titon Mitra. Nevertheless, in keeping with evaluation principles, the ERD does not exercise any editorial control over the report and all errors and omissions are thus the responsibility of the authors.

The methodology for this initial phase relied on key informant interviews (mainly by telephone) with CARE staff and external stakeholders supplemented by a review of relevant documents. CARE Sudan requested that interviewees be confined to CARE staff during the first phase due to the sensitive operating climate. A list of interviewees is attached as an annex. A field assessment, while certainly desirable, proved not to be possible during this initial phase due mainly to a lack of resources. CARE Chad and CARE Sudan have been requested to allocate program resources for the second phase within their respective proposals and it is anticipated that a more thorough study, including a field visit, will be undertaken during the second phase of the RTE of the Darfur crisis sometime during July/August 2004.

The team prepared a set of guiding questions for the interviews (see Annex) and elaborated on these using probing techniques according to the interviewee’s functional role and knowledge of the situation. The interviews lasted half-an-hour to two hours. The interviewers took notes on the responses and summarized key points. The key points were then synthesized for each key topic (e.g., internal coordination) and some tallying of responses on specific issues done, where possible.

A total 13 key informants were interviewed during this initial phase, 11 CARE staff, 2 CARE consultants, and one external (the UNHCR Emergency Team Leader for Chad) were interviewed for purposes of this RTE.

BACKGROUND

The humanitarian emergency in Darfur is largely the result of violence and harassment directed toward the Fur, Zaghawa, and Massalit groups by Government of Sudan (GOS) forces and GOS-supported militia groups collectively known as Janjawid. In early 2003, the Sudanese Liberation Movement/Army (SLM/A) made it clear that they would defend vulnerable ethnic groups in Darfur against increasing GOS and militia aggression. In April 2003 the SLM/A attacked GOS military forces at El Fasher in North Darfur. Following this attack, GOS military forces and Janjawid militia initiated a more coordinated campaign of violence against civilian populations, including aerial bombardments to kill, maim, and terrorize civilians who the GOS claimed were harboring opposition forces.

Experienced field workers have characterized the conflict in Darfur as extremely violent, with widespread human rights abuses aimed at particular ethnic communities. Thousand of civilians from these and other ethnic groups have been killed in what appear to be deliberate attacks aimed at terrorizing and forcing civilians from their homes, thus removing any bases of support for SLA and JEM forces. There are reports that the Janjawid have also abducted youth and used them for slave labour, some have been released while others have had to pay ransoms to be set free, and others have simply disappeared. GOS has restricted relief workers' access to major population centers and has required daily travel permits for relief workers to conduct activities in the internally displaced person (IDP) camps located in GOS-controlled areas.

Despite the US and EU-brokered ceasefire that took effect in early April 2004 that include protocols for delivery of humanitarian assistance, GOS and Janjawid violence and harassment against civilian populations has continued in all three states of Darfur.

CARE has operated programmes in both countries for a number of years, though not in the affected areas. CARE France (supported by CARE Canada) commissioned an assessment during January 2004 in Chad and CARE-USA carried out an assessment in Sudan during March. A follow-up CARE International assessment was in Chad at the time this report was being finalized. CARE Chad is currently an implementing partner of UNHCR with a five-month US\$548,000 camp management project for three refugee camps (Iridimi, Mile, Am Nabak) and about to start operations in a fourth camp, Bredjing. CARE Chad is negotiating for a further five-month extension and also has a pending proposal with ECHO for mitigation projects in host communities (mainly improvement of village water supplies). CARE Sudan's multi-sectoral project portfolio exceeds US\$5 million, encompassing support to the UNJLC Logistics Assistance project, distribution of food and non-food items (NFI), water and sanitation, mobile health unit, psychosocial support (trauma-counselling), and humanitarian protection.

KEY FINDINGS

1 Effectiveness

- 1.1 Assistance activities in Sudan have only recently begun and it is really too early to assess to what extent project objectives are being attained. In Sudan, CARE faces an extremely challenging implementing environment due to sensitivities of GOS relations, gaps in UN coordination, logistics obstacles, and insecurity stemming from the presence of armed groups.
- 1.2 In Chad, CARE began responding to the emergency in February and project objectives appear generally to have been met. Given CARE France's "limited presence" role and relatively small capacity, this represents a noteworthy achievement and their initiative has proved to be timely in

view of the deterioration of the humanitarian situation on both sides of the border. CARE Chad is nevertheless facing numerous challenges in sustaining its operations, notably the limited capacity of CARE France to fulfill a lead role, logistic obstacles posed by poor roads, inadequate telecommunications infrastructure, difficult living conditions for staff, security issues¹, along with a geographically scattered refugee population, aggravated by a lack of coordination and leadership from UNHCR (described more fully in the “Connectedness” section below).

- 1.3 Widespread serious human rights abuses in Darfur, even to the extent that giving aid has at times actually increased the risk of attacks on beneficiaries, have made humanitarian protection a top priority. The RTE Team was struck by the fact that, while CARE has been developing its rights-based approaches over the past few years, there is nevertheless considerable uncertainty within the organization on how to develop or implement a protection strategy. Indeed this crisis appears to have highlighted confusion at different levels within the organization about what role CARE staff should play in protection or how to assess risk associated with engaging in protection work. A protection expert has recently been recruited to assist CARE Sudan with developing a strategy and capacity building of staff and partners.
- 1.4 While CARE has been relatively active and apparently reasonably effective with advocacy, this has been with a relatively low profile due to CARE Sudan’s desire not to compromise its operations in that country. In common with the Afghanistan and Iraq crises, this stance has provoked considerable internal debate over CARE’s media profile and the resulting impact on advocacy and fund-raising activities, along with examples of peer NGOs who appear to be more visible. A rapid survey of press releases by NGOs over the past few months indicated that, with the noteworthy exception of MSF, the agencies that tend to be vocal are not actually operational in Darfur. CARE is clearly not alone in adopting a cautious approach.
- 1.5 CARE Sudan has nonetheless pro-actively engaged in determining the most appropriate balance between media visibility and risks for its staff on the ground. CARE Sudan, with the Sudan Advocacy Coordinator worked with the former CI medial liaison to develop an information pack to highlight CARE Sudan's current projects and develop a set of “Question and Answers” to highlight sensitive questions. It was also reported that the CO had carried out a media risk analysis.
- 1.6 Both CARE COs are under pressure, both internally and externally from agencies such as UNHCR, to expand coverage of their respective programs. It was widely felt by respondents that it is important to ensure that CARE has the capacity to recruit and train new staff without significantly undermining either the quality of their existing emergency operations or on-going development programming.

2 Efficiency

Operations

- 2.1 The timeliness of the response came up repeatedly during interviews and the majority of respondents (both internal and external) felt that CARE should have been able to organize a substantive response to a crisis of this scale in a more timely fashion. One respondent pointed to the fact that Sudan had been identified as a “hot spot” in EHAU’s reports as early as

¹ Incidents of armed confrontations have been recorded along the border and two CARE staff were also the victims of an attempted robbery in N’djamena in early May.

November 2003 and, on the Darfur side were only just starting the following May (though CARE began emergency operations in Chad in February 2004). A number of contributing factors cited by interviewees and in relevant reports point to no previous CARE presence in affected areas, obstructive practices by the GOS², lack of capacity in both Country Offices, need to mobilize support for CARE France to support their “Limited Presence” capacity, logistic challenges in Chad and in Darfur, security concerns in Darfur, confusion about roles and responsibilities within the membership caused by the ERD vacancy within CI, significant gaps in UN coordination, and an approach that has at times tended to emphasize process over operations.

- 2.2 One respondent illustrated the emphasis on process with an example of the arrival of the CARE and Save the Children-US (SC-US) assessment team leaders on the same flight into Khartoum in March 2004. While the SC-US TL had brought several “go-kits” with him to set up offices in Darfur to enable operations to commence while simultaneously undertaking his assessment, CARE only started operations once the assessment had been completed.
- 2.3 While it is possible that the start-up of CARE operations could have been accelerated on both sides of the border, it needs to be emphasized that CARE Sudan did support SCF-UK operations in Darfur³ through partnership arrangements with ERF funding as early as Jan/Feb 2004.
- 2.4 Operations on both sides of the border have been undermined by inadequate financial management (see Human Resources section below) and, in Chad, by the lack of proposal writers to assist in mobilizing resources to support operations.

Human Resources

- 2.5 CARE respondents were on the whole complementary about the efforts of Human Resources (HR) staff (notably those in CARE-USA, CARE Canada, CARE France, and CI) to fill vacancies and provide appropriate support. A comparison of the HR capacity of the two concerned lead members, CARE-USA and CARE France, provides a good illustration of the advantages of a pooling of CI resources to support recruitment during emergencies. The RTE team did nevertheless discover differing points of view over CI’s roles and responsibilities in this area. Some respondents seemed to feel that CI should have had a stronger coordination role in HR while others believed that, since CI has not been allocated a specific role in this crisis, their involvement made the process rather heavy and there were lingering doubts about CI involvement based on previous experiences in the region. CARE Sudan and ECARMU also felt that a high profile “coordinated response” would in fact jeopardize CARE operations within the country and opted to first tap staff from within the region itself, viewing this as a more appropriate mechanism for this particular context.
- 2.6 Since the Darfur crisis was not designated as a CI-led emergency, the CARE Emergency Response Team (CERT) roster was not formally activated, though a total of six staff on the CERT roster were deployed. There appeared to be general satisfaction with the quality (experience and performance) of all of the staff deployed to date, regardless of whether candidates were drawn from the CERT roster.

² International aid workers had to overcome two difficult hurdles, firstly to get an entry visa, and then GOS clearance to go to Darfur had to be obtained – a process that, at times, took up to two months. This situation was reported to have eased somewhat during finalization of this report.

³ SCF-UK, unlike CARE, has had a long-term presence in Darfur.

- 2.7 As the GOS has been restricting visas for international aid workers, the Country Office preferred to focus efforts on identifying staff that could stay a minimum of 6 months (the maximum length of a CERT assignment is 8 weeks). CARE Chad took a similar approach to filling finance/administration needs. Finance/admin vacancies were an example, however, of gaps that significantly and adversely affected the efficiency of COs in both Sudan and Chad, although short-term coverage using CERT deployments was in fact done for two positions. The difficulties in obtaining visas for Sudan did indeed increase the complexity of deploying short-term staff, but an alternative viewpoint voiced was that reinforcing the administrative capacity would have eased the considerable load on the Country Office.
- 2.8 The Darfur crisis has highlighted several gaps in CERT database. CERT pre-release agreements have lapsed and the recruitment of short-term staff was largely ad hoc using informal networks. Identification of French-speakers through such means has proved to be particularly challenging.

3 Relevance

- 3.1 While programs in both COs are still evolving, there was broad agreement that CARE is correct in focusing on provision of basic needs to affected populations, namely food, water, shelter, and public health – areas in which CARE has long experience. In the Darfur context, however, humanitarian protection is an overriding priority and CARE has been limited by its lack of expertise and experience in protection issues. In the words of one interviewee:

“There is need to build an awareness of the implications of tackling such a complex role, in terms of what staff can and cannot do and how they should respond if they witness violent acts being performed against civilians. Lack of protection of displaced populations has further restricted the ability to support them – graphically illustrated by the grim fact that some displaced people now request that certain types of assistance be halted as it puts them at greater risk of looting and attack”.

- 3.2 CARE’s portfolio in Sudan is dominated by two large contracts, one with WFP to deliver food aid south Darfur, the second is with UN Joint Logistics Coordination Center to distribute NFIs from the airport drop-off point to the distribution agencies in the Darfur. This is seen by the CO as a very strategic intervention, since not only is CARE’s competence in logistics widely recognized, but the operational scale is beyond the scope of local organizations and the impact of such operations likely to be widespread, reaching most of the affected population. Donors have indeed insisted that large international agencies such as CARE look for programming options that add value to the overall response in Darfur. One interviewee did nevertheless wonder whether CARE should have taken on such substantial logistics projects, as it seemed as if this would distract CARE from its core work at the community level. Another respondent felt that CARE appeared to be establishing operations based on potential funding opportunities rather than on the basis of a coherent strategy. However, it appeared to the RTE Team that these divergent views may in part be due to an incomplete understanding of CARE Sudan’s strategy in relation to the Darfur crisis (see the first recommendation under “Country Offices”).
- 3.3 Assessments and mode of implementation on both sides of the border show strong evidence of thoughtful planning based on sound analysis. Program managers generally demonstrated good awareness of contextual issues and principles described in the Sphere standards, notably the need to consider host populations when planning assistance projects and conflict sensitivity. In

Chad, CARE is perceived as an experienced agency who arrived on the scene equipped with prior knowledge of the local context, which showed itself to be willing and able to adapt to the needs as prioritized by UNHCR.

4 Connectedness

Internal Coordination

- 4.1 A new CI Emergency Response Director was only appointed in March 2004 after the post had been vacant for a year and CARE International thus found itself in transition while the Darfur crisis was developing. It is probably no coincidence that half of the respondents commented on the lack of decision-making systems, perceived deficiencies in coordination and territoriality that emerged within the organization.
- 4.2 Notwithstanding tensions caused by CARE Sudan's desire to maintain a low media profile, there appears to be good overall coordination and cooperation between CARE-France and CARE-Canada, ECARMU and COs with regard to the advocacy messaging in light of the security situation in Sudan.
- 4.3 The regular stream of informative Sitreps coming out of both Sudan and Chad using a standard format has greatly aided information flow and coordination within CARE. While these are appreciated since they provide regular updates to the CARE membership, there did not appear to be a common understanding amongst interviewees regarding the overall program or strategy that was being developed on either side of the border. CO Sudan has reportedly carried out a scenario-planning exercise, but the results did not seem to have been widely disseminated within the Membership.
- 4.4 An important lesson-learned from previous emergencies (most recently in Afghanistan and Iraq) is the importance of an early visit by a senior decision-maker to affected areas. During past emergencies, such visits have aided enormously with strategy development, resolution of key misunderstandings (that inevitably surface in such environments), and help to rationalize subsequent support. CARE Chad has visibly benefited from a series of such visits both by both CARE France) and the supporting member, CARE Canada. To date, however, Darfur has yet to be visited by a senior decision-maker from ECARMU or CARE-USA HQ, something that has been attributed to the extreme difficulties of accessing Darfur that have been described above. While evidence shows that there has been a good level of consultation and coordination between the Country Office in Sudan and ECARMU, some respondents viewed the lack of such a visit as contributing to at least some of the shortfalls described in this report. A visit to Darfur by senior staff from ECARMU has been planned for mid-June.

External Coordination

- 4.5 Collaboration with NGOs and with Chadian authorities appear to be generally good. On the other hand, several challenges have been faced when attempting cooperation with UN agencies and the GOS.
- 4.6 In Chad, UNHCR has experienced difficulties in mounting an effective coordination and program management effort. A lack of coherence within UNHCR regarding negotiation protocols and program management has, among other things, led to confusion and delays of

several weeks in issuing sub-agreements (and releasing funds) to NGO implementing partners. As a result of delays in identifying refugee campsites and transporting refugees away from the border, it appears very likely that substantial numbers of refugees will still be in the border areas when the rains arrive in June. On top of this there are strong indications that UNHCR does not have a contingency plans for such a scenario in place. CARE is not the only agency to be facing such challenges - IRC and CARE helped to organize a meeting at UNHCR HQ in early May so that NGOs could raise their concerns within the upper echelons of UNHCR.

- 4.7 In Sudan, GOS sensitivities to international “interference” have restricted operations in a number of ways. Relations between CARE and individual UN agencies such as UNICEF are generally good, but competition between UN agencies for the lead coordination role has complicated an already challenging operating environment for the humanitarian community. As an example, it has been increasingly common for OCHA to provide a standard assessment format to humanitarian agencies as a way to standardize information collection so as to facilitate common reporting and coordination. Unfortunately, this did not happen in Sudan and NGOs ended up using different formats (the CARE Assessment Team ended up using a “hybrid” format, constructed from a SCF form and the format used by JNEPI in Iraq).
- 4.8 During negotiations with WFP (in Sudan) and UNHCR (in Chad), international NGOs – including CARE - have found themselves in a position of being expected to provide a significant amount of their own funding. There has even been pressure from donors and the UN for INGOs to commit to programs for which there is no accompanying or limited funding support. While some interviewees felt that it was unfair of the UN to refuse to cover the costs of their own programs, it is important for CARE as an institution realize that this represents a policy change at a global level whereby UN agencies are expecting increased matching contributions from international NGOs (although the UN usually still covers 100% of costs for local NGOs). Negotiation efforts at the level of an individual country level are thus likely to result in frustration and, in situation where there are many NGOs, may actually have the effect of raising such counterpart “stakes”.
- 4.9 UN Consolidated Appeals (CAP) – In the revised CAP for Sudan issued on May 4th, CARE International is appealing for the amount of \$384,760 for “food information systems” and “HIV/AIDs awareness capacity building for local civil society organizations”. Out of the \$617 million requested for the total emergency program, only around 5% was reported to have been so far pledged/contributed. The revised CAP for Chad issued in April is appealing for just over \$30 million for 2004.
- 4.10 As described in a 2002 independent evaluation of CAPs⁴, if properly facilitated, experience has shown that CAPs can be extremely useful mechanisms for joint planning and monitoring. However, there is little evidence that CAPs are an effective fund-raising tool for NGOs (or often indeed for UN agencies themselves!).
- 4.11 Nevertheless, there is some inconsistent imaging/messaging that may confuse readers, especially donors, in the CAP for Chad. While in the Sudan CAP, the designation of “CARE International” is used consistently throughout, in the Chad Appeal, “CARE International” is designated as an implementing partner for UNHCR, while “CARE-Canada” is shown as partnering with UNFPA.

⁴ An External Review of the Consolidated Appeal Process (CAP), April 2002, by Toby Porter
<http://ochaonline.un.org/DocView.asp?DocID=398>

Transition Planning & “Developmental Relief” Approaches

- 4.12 While CARE’s programming in eastern Chad has focused on refugees, they have been constantly looking at opportunities to mitigate impact of the influx on the local populations. This has resulted in a proposal to ECHO for renovating local water supplies while looking in the medium term at possibilities to link with some longer-term projects in local communities, particularly with HIV/AIDS projects and/or their urban sanitation and waste management project.
- 4.13 Following their assessment of the Darfur crisis in May, the UN indicated that they expect that the relief phase is likely to last at least until after the harvest next year – some 18 months hence. This has underlined for CARE Sudan the importance of already considering the transition phase even while planning their relief operations, to minimize “harm” in the short to medium-term and, in the longer term, help to accelerate the recovery process once conditions allow displaced persons to start returning home.

5 Crosscutting Issues

Gender Issues

- 5.1 During interviews, CARE staff who had been directly involved in assessments and program management all displayed a good level of awareness of gender-based issues.
- 5.2 CARE-USA and CARE Australia already have policies and associated guidelines in place designed to prevent sexual exploitation and child abuse. These are currently under review by the CI Program Working Group with a view to developing relevant standards and principles for CI as a whole. While the training provided to newly recruited distribution staff in both Chad and Sudan appears to have included many of the relevant principles, there has not yet been an attempt to systematically disseminate sexual exploitation guidelines in either Sudan or Chad, a measure which would appear to be critical given that both Country Offices are recruiting significant numbers of new staff.
- 5.3 Both of the initial assessment teams deployed to Chad and Sudan were composed predominantly of men. The Assessment Team selected initially for Sudan were all males, although a woman was added to the team before deployment to focus on civilian protection and gender issues. The initial assessment team for Chad was composed of two men. Subsequent teams deployed to Chad have nevertheless contained a balance of male and female representation (both team leaders have been women). Some respondents involved in Sudan felt that the relatively small female representation in the team meant that assessment outcomes did not adequately recognize gender-based rights, given the significance of these issues in the Darfur context.
- 5.4 CARE has experienced difficulty in recruiting qualified national female staff in both Sudan and Chad, which is seen as an important gap in a context where the vast majority of adult refugees are women and the apparent high incidence of sexual based violence in Darfur.

6 Staff Security & Well-Being

- 6.1 While CARE staff have not so far been the victim of a serious security incident, Darfur and the border areas of eastern Chad are clearly risk-laden environments, aggravated by poor logistics. CARE was not previously operating in Darfur or eastern Chad and the staff of neither CO had experience of responding to a complex emergency of this. It was felt that by some that more immediate and specific attention should have been devoted to security, and that context-specific safety and security plans should have been developed earlier.

- 6.2 Given the level of exposure and the fact that staff are likely to witness human rights violations, it was seen as important to provide psycho-social counseling for not only the displaced populations of Sudan, but also for CARE's staff who regularly face stressful situations; whether in terms of difficult living conditions (insecurity, lack of amenities) or witnessing serious human rights violations. CO Sudan raised this issue with CARE-USA HQ following the assessment mission and, although EHAU reportedly did a good job of identifying options, the CO still does not have a satisfactory procedure in place.

RECOMMENDATIONS

Lead Members for Emergencies (CARE France/CARE Canada & CARE USA)

- Lead Members should continue to ensure that senior staff visit affected areas on a regular basis. For future emergencies, all Lead Members should take necessary steps to make sure that early visits to the crisis-affected area by senior staff are treated as a priority.
- Lead members should take immediate steps to review and improve staff living conditions as necessary to a reasonable level and also ensure that counseling services are available for returning staff that have been exposed to stressful situations. It is already clear that CARE's engagement will continue for the foreseeable future and, if CARE does not want to experience high staff turnover, and expects staff to work efficiently and stay healthy, we need to ensure their well being. Examples are implementation of an R&R policy, adequate living accommodation for staff and visitors, electric generators for offices and living quarters, and air conditioning. Consider reinforcing field logistics capacity to devote time to managing living arrangements, allowing other staff to focus on their work (agencies such as MSF and ICRC provide models in this regard).
- CARE France should review and rationalize lines of communication for the Chad operation, together with their CARE colleagues in the N'djamena and Abeche offices. The intention should not be to make the operation unnecessarily less efficient by establishing "gatekeepers", but communications with the CARE Office in Abeche needs to take account of the limited capacity of that office, both in terms of staffing/workload and poor telecommunications infrastructure.
- While CARE Sudan is proceeding with diversifying funding sources, CARE Chad must similarly devote resources (time & personnel) to diversifying its funding base. The protracted negotiations to secure UNHCR funding and uncertain pipeline has already handicapped CARE operations and continued dependency on this funding source is unlikely to promote quality programming or timely response.
- The Darfur crisis has highlighted a global change in approach by UN agencies, specifically UNHCR and WFP, who are now demanding significantly greater contributions from international NGOs than in the past. CARE needs to recognize that this is an organization-wide policy within the UN system, rather than a local initiative, and approach this systematically in coordination/consultation with other INGOs. In some ways, this may create an opportunity since donors can also be made aware of this position and should in principle be more ready to channel funds to NGOs. A larger "match" will position CARE in more of an equal partnership vis a vis these UN agencies.
- CARE should make use of the experience in Sudan to develop a "good practice" guide to implementing humanitarian protection activities and develop relevant protection capacities to support future operations.
- Members should ensure consistency of corporate messaging to external partners in CAPs and other such information (the current agreement seems to be that Country Offices are designated as "CARE International").
- For future needs assessments, Lead Members should try and ensure that assessment teams are gender-balanced, particularly in situations where there are significant sexual abuse issues.

- COs need to ensure that up-to-date security and safety plans are in place from the earliest stage of an emergency response and that they are reviewed and updated at regular intervals to take account of changing operating environments.

CARE Country Offices (Chad & Sudan)

- Develop program strategy papers, which are reviewed and revised at suitable (quarterly?) intervals, to capture current thinking and inform membership to improve coordination and encourage more effective and appropriate support by the Membership. Such documents should illustrate likely scenarios and subsequent programmatic responses. Strategies should include contingency planning for worst (and best) case scenarios, something that appears increasingly urgent in Chad where it seems increasingly likely that a large population will remain on the border when the rains arrive.
- Incorporate environmental impact considerations in planning, referring to UNHCR environmental impact guidelines for refugees and IDP camps and using REA⁵-type methodologies for local populations and return/reintegration programs.
- Both COs should ensure gender sensitivity is incorporated into their programs. A particular example of this is the need to disseminate sexual exploitation guidelines in a meaningful way and establish monitoring systems. This would imply: a) translation of key principles and guidelines in such a way that they are easily understood by national staff, b) incorporation of principles into induction training for newly-recruited staff, c) ensure that managers fully understand their responsibilities for disseminating relevant information to staff under their supervision and their monitoring role, and d) ensure that appropriate reporting⁶, investigating, and disciplinary mechanisms are in place.
- Country Offices should not feel obliged to spend time and energy in CAP planning process, given their poor fund-raising track record for NGOs, unless the CAP process is well-facilitated so that it becomes a joint planning exercise with UN agencies and/or CARE is a potential significant implementing partner for one or more UN agencies participating in the CAP.
- Ensure that adequate resources for learning are built into project budgets to improve their timeliness and effectiveness of M&E events (e.g. RTE missions, evaluations, After Action Reviews).

CARE International Emergency Response Director

- Facilitate development of “inventory” and gaps analysis of emergency capacities amongst members with CERT focal point responsibilities, prioritizing key sectors and functions. Telecommunications is but one example where there is a need to compile an inventory and develop an effective support emergency operations. Other gaps that were highlighted during this crisis that should be considered for CERT deployments in future are humanitarian protection and environmental impact assessment.

⁵ Rapid Environmental Assessment in disasters (REA) methodology developed by CARE and partners.

⁶ Experience has shown that methods such as confidential “drop box” or verbal communication to a trusted member of staff are more effective than normal hierarchical reporting mechanisms.

- Information management should be reviewed and refined. Consider dedicating an Information Officer to help with assessing information needs and refining information management systems accordingly. Such an individual could also assist with the drafting of relevant materials.
- Facilitate membership consensus on a protocol (“decision tree”) that would help in rapidly determining management and coordination responsibilities when responding to emergencies, including CI’s own role.
- Following from the above point, the ERD should facilitate a decision by the CARE membership on how CARE operations in Chad can be reinforced to the required level. As described above, CARE France’s capacity is already stretched, it lacks experience in managing multi-donor funding, and indeed its “limited presence” mandate foresees a hand over of responsibilities for emergency response under the CI Code. At the same time, for obvious reasons, a parallel system should be avoided and potential tensions surrounding issues such as disparate salary scales be considered.
- Given CARE’s presence on both sides of the border, it is of the utmost importance that CARE addresses this as a single crisis, instead of two separate emergencies. Examples of areas where this is important are in the areas of advocacy, given easier accessibility to refugees in Chad, and also for facilitating any future voluntary repatriation operations.
- Review and revise the “Go-Kit” composition for setting up field offices. Include reference materials both on CD-ROM and, for key documents printed form for key documents (e.g. CARE sexual exploitation guidelines, UNHCR partnership manual, WFP Emergency Handbook, etc.).
- Given the shortfalls in UN leadership that has handicapped humanitarian operations on both sides of the border over the past few months, CARE International should develop strategies for providing constructive feedback at different levels (in-country, Geneva & New York). A recent approach by UNHCR to INGOs (including CARE) to gauge interest in conducting a joint RTE in Chad may be one promising avenue.
- Review the CERT database and update as necessary (notably pre-release agreements). Analyze the database to determine the “depth” of non-English language skills (French, Portuguese, Spanish, Arabic) and broaden the CERT roster appropriately by staff with the requisite language skills.
- The CI ERD, supported by the CI Emergencies Security Coordinator, should coordinate development of a common risk assessment framework that could be used for emergencies and crisis situations to facilitate decision-making (and reduce tension) between Country Offices and Lead Members regarding engagement in activities such as protection, media relations, and advocacy. It may be useful to associate this with a review of “lessons learned” by CARE and other agencies that have adopted a more high profile approaches (such as MSF) to understand how these have actually impacted operations.
- For future emergencies, every CO engaged in responding should be encouraged to develop a media strategy as early as possible, with clear guidelines for the CARE membership.

ACKNOWLEDGEMENTS

The RTE Team wishes to thank interviewees for their participation and support to this RTE process. This process has been characterized by integrity, openness, constructive criticism and a widespread desire to use this as a learning experience. The RTE Team on our part recognizes that, especially in the absence of a field visit, we can only hope to have a partial view of the actual situation and thus readily accept responsibility for any errors or important omissions.

ANNEXES

ANNEX 1 - LIST OF INTERVIEWEES

No.	Participant	Position and Category Assigned		Interview Mode
1.	Ahuma Adodoadji	EHAU Director	C-USA	In-Person
2.	Bob McPherson	CARE Int. Security Coordinator	CI/C-USA	Telephone
3.	Dan Maxwell	Deputy Director, ECARMU	ECARMU	Telephone
4.	Gail Neudorf	EHAU Deputy Director	C-USA	In-Person
5.	Greg Brady	Emergency Team Leader, Darfur	C-Sudan	Telephone
6.	Gregoire de Sachy	Focal Point – CARE France/ERWG	C-France	Telephone
7.	Howard Hollingsworth	Chef de Programme/Emergency.TL	C-Chad	Telephone
8.	John Solomon	Logistics Coordinator	C-Sudan	Telephone
9.	Lise Tonelli	Emergency Team Leader, Abeche	C-Chad	Telephone
10.	Michelle Carter	Deputy Director - ECARMU	ECARMU	In-Person
11.	Mustaque Ahmed	ACD Program – CARE-Sudan	C-Sudan	Telephone
12.	Nicolas Palanque	Humanitarian Assistance & Emergency Team Leader	CARE Canada	Telephone
13.	Roslyn MacVean	HR Coordinator	CARE Int	Telephone
14.	Yvum Sturm	Head of Emergency Response Team	UNHCR	Telephone

In addition to the above, comments on the Draft Report and other relevant inputs were received from the following staff ...

No.	Participant	Position and Category Assigned		
15.	Leo Rozendaal	Country Director	C-Sudan	
16.	Cindy Isaac	Humanitarian & Emergency Assistance Team	C-Canada	
17.	Cynthia Gaigals	Sudan Advocacy Coordinator	ECARMU	

ANNEX 2 - REAL TIME EVALUATION TOR

Terms of Reference Real Time Evaluation of CARE International's Response to the Darfur Crisis (ver. May 15, 2004)

I. Introduction

Approximately 100,000 Sudanese refugees have flowed into eastern Chad over the past few months. Following an assessment undertaken with support from CARE Canada, CARE France was invited by UNHCR to take on refugee camp management responsibilities.

CARE-USA is leading an operation on the Sudanese side of the border and expects to become the main operational manager for the common logistics NFI operations for all of Darfur as well as a key implementation partner of WFP. The budget for Non-Food Item assistance alone for 6 months is expected to be around US\$15 million, with an operational budget of some US\$3.5 million⁷.

A breakthrough in peace talks with Chad was achieved in early March, resulting in a humanitarian ceasefire for 45 days and raising hopes for a substantial improvement in the situation (and eventual voluntary return).

II. Context of the Review

CARE France felt it timely to conduct a review of operations, management and coordination of the emergency response in Chad with a view to a) informing the current response, and b) provide valuable institutional learning. Particular features that make the RTE study strategic include:

- a) **Chad represents a small-scale yet complex emergency** that has regional implications. The involvement of CARE on the Sudanese side of the border should be a strength, provided there is a coordinated and coherent approach on both sides;
- b) To help inform CARE International during the process of developing a protocol for responding to different types of emergencies, **this study would assess the decision-making process regarding roles and responsibilities;**
- c) **The review would provide a better understanding of the experience of smaller CARE members leading an emergency response**, a chance to analyze the strengths and challenges of such an approach.
- d) **Role of the CI Secretariat and effectiveness of support** it has provided to CARE France and CARE Chad.

CARE Sudan also recognized the usefulness of increasing the scope of this RTE to include operations on the Sudanese side of the border to provide a more comprehensive perspective.

⁷ CARE Sitrep dated April 9, 2004

II. RTE Objectives and Purposes

The objectives of this Real Time Evaluation would be to assess the:

- a) Relevance, connectedness and structure of the various CARE members involved in the response, SWARMU, ERWG, relevant Country Offices in supporting attainment of emergency programme objectives;
- b) Effectiveness (including timeliness) and efficiency of the mode of implementation, and the appropriateness and application of operational guidelines and policies; and,
- c) Positioning of CARE in terms of advocacy;

The purposes of the evaluation are to provide:

- a) Identify examples of good practice;
- b) Provide timely recommendations for improving programme performance and accountability in the context of a smaller-scale operation where CERT deployment is only small-scale; and
- c) Make recommendations for improving management and coordination.

IV. Tentative Schedule

A RTE normally would consist of two to three phases. However, in this case it is envisaged that the initial phase will be limited only to telephone interviews. As demonstrated during the RTE of the Iraq crisis, lack of a field visit by evaluator(s) is(are) bound to result in substantial gaps. However, given the relatively small amount of resources currently available, this RTE will begin modestly. A field visit and reinforcement of the team during a second phase can subsequently be programmed provided additional resources in future,

- CARE-USA HQ & telephone interviews mid-late April 2004
- Draft Bulletin No. 1 (baseline) mid May 2004
- Final Bulletin No. 1 (baseline) late May 2004
- Stakeholder review of recommendations early June 2004
(Which will include a determination of how and when RTE second phase would take place)

Notes on Methodology

- a) **Approach:** methodology will be built around interviews with the relevant CARE staff, and key external stakeholders (e.g. UNHCR Head of Operations in Chad) along with a review of project documents.
- b) **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their express permission.
- c) **Conclusions and recommendations:** conclusions and recommendations will be concise and practical in nature (no more than 8-12 pages plus annexes), emphasizing both immediate feedback to operational managers and lessons for future emergency responses. Interviewees will be given an opportunity to comment on the draft reports prior to posting on CARE

intranet sites. While the RTE Team will retain responsibility for drafting and editing the report, the CARE members leading the emergency response have the option of making a written response, which will be attached as an annex to the final report.

- d) **RTE Team Members:** the RTE will be led by Jock M. Baker in his capacity as CARE International's Coordinator for Quality, Accountability & Standards, with support from his assistant, Grace Chikoto, and – resources permitting – a consultant. The team will operate under the overall supervision of the CI Secretary General.

Real Time Evaluation of CARE's Response to the Darfur Crisis

Interview Guide

Crosscutting issues

- **Gender Issues**
- **Administrative/Finance**
- **Human Resources**
- **Coordination**
- **Conflict sensitivity**
- **Humanitarian Protection**

Project Activities and Purpose Questions:

Interviewee's role: _____ **Function:** _____

Date: _____ **Interviewer:** _____

"Big Questions"

- What are your roles and responsibilities in this Crisis?
- What is your view of what is happening in Darfur (Chad) and what are the current humanitarian priorities?
- What do you perceive as CARE's role in Sudan (Chad)?
- In your opinion, is CARE doing what it should be doing? Why or why not?
- What could CARE do better? How?

Project Designing and Implementation Questions:

- What are CARE's program/project objectives in Sudan (Chad)?
- How are these objectives being met? What's working well? What can be improved?
- What measures/factors were taken (inputs, cultural context, stakeholders etc.) into consideration when designing these projects?
- What links are being made to link current projects with the longer-term projects? (Sustainability)
- Describe the relationship (how you have worked) you have had with other units within CARE (CARE Member HQs, CI, RMUs, COs) and other external stakeholders (UNHCR, OXFAM, SCF-UK)?
- Describe some of the challenges you have encountered and how you overcame them?
- Any additional comments?

REFERENCES

- Chad Sitreps February 9 – May 25, 2004
- Final Report Refugees – Chad Assessment No. 1
- Darfur Emergency Response Proposal January 2004
- Darfur ERF proposal 1
- Darfur Rapid Needs Assessment Final Report 21 –30 March, 2004
- South Darfur Emergency Response Operations – Gates Proposal April 20, 2004
- Sudan Sitreps March 4 – May 22, 2004
- OFDA – Greater Darfur Logistics Operations for Non-Food-Items (C-Sudan Darfur Emergency Project Proposal) May 2004 – October 2004
- WFP – Darfur Emergency Assistance Project April 2004
- TOR – Summary Preparatory Mission in Chad February 15 – March 15, 2004
- TOR – Watsan Coordinator
- TOR – Team Leader Darfur
- TOR – ACD Emergency
- CAPs for Sudan and Chad
- Chad Proposals (UNHCR & ECHO)
- Advocacy Strategy for Darfur & “Talking Points”
- Relevant meeting minutes and miscellaneous correspondence