SUMMARY OF RECOMMENDATIONS

CARE Country Offices (Chad & Sudan) – Looking Forward

➢ Develop medium-range strategies consistent with the overall vision for CARE's programme principles to assist in identifying focus areas and priorities (i.e. where to devote resources and capacity). Recommended guidelines are provided in an attached annex.

➢ Country Offices should ensure that M&E systems are highly participatory so as to allow dissemination of key information about CARE's program to intended beneficiaries and provide non-threatening channels for feedback (including complaints). Project staff should be provided with both formal M&E training and "hands-on" coaching by M&E staff and supervisors to help in understanding relevant principles and interpret data.

➢ As CARE has been warning donors since the early stages of the refugee crisis in Chad, natural resource-based interventions should be addressed as a priority, particularly projects that mitigate environmental impact. CARE already possesses some expertise in this field and CARE Chad should look to CARE Tanzania, CEG's current FRAME[1] sub-project with UNHCR, and CARE-USA's REA[2] for support and guidance.

➢ **Programme Support Issues**:

  o Continue to improve living conditions for staff and ensure that viable feedback "complaints" systems are in place to allow problems to be addressed before they significantly affect morale.

  o In addition to sector-specific training, all staff should receive general orientation to CARE (mission, vision and core values), humanitarian principles, code of conduct. A monitoring system is essential to ensure staff and partners are complying with Code of Conduct and Prevention of Sexual Exploitation guidelines.

  o Ensure that Exit Appraisals are routinely done for international staff completing their missions and forwarded to the designated HR focal point within the Lead Member and the CARE International Emergency Group (CEG). To facilitate handovers to in-coming staff and improve institutional learning, a CD-ROM containing a document library could supplement written exit reports.

  o Senior CO program support staff should undertake regular visits Darfur (at least once every 3 months) to gain a first-hand understanding of challenges and communication gaps, while at the same time promoting team-building.

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[1] FRAME is a "Framework for Assessing, Monitoring and Evaluating the Environment in Refugee Operations". CARE is currently assisting UNHCR's Technical Support Services to develop a series of assessment, design, monitoring and evaluation tools and guidelines for improving environmental management in refugee contexts.

[2] Rapid Environmental Assessment in Disasters (REA) methodology developed by CARE and the Benfield Hazards Research Centre with support from OFDA, UNOCHA/UNEP and the Norwegian government. The REA methodology has already been applied in Darfur.

- Ensure that staff orientation includes training in application of CARE civil-military policies and relevant IASC guidelines. Country Offices need to determine whether there is a need for country-specific guidelines and develop these if necessary, using those developed for Iraq as an example.

➢ CARE must ensure all international and national staff are given gender awareness training to develop their awareness of the role of power and gender relations in the current emergency context. A series of two-day gender awareness training workshops can be planned in coordination with other NGOs in the region to reduce costs and establish common approaches and standards.

➢ CARE operations lack specialist skills and capacity to effectively manage gender issues. In Chad, accountability is compromised in view of the fact that CARE was simultaneously implementing camp management, relief distribution and community services activities. Given the difficulties of recruiting female staff with requisite experience and language skills, Country Offices should consider partnering with an NGO specialized in gender issues with a designated budget to build capacity of CARE staff, provide technical guidance to improve programming and improve accountability systems.

➢ Faced with serious protection gaps in Darfur, CARE needs to improve its understanding of the implications of engaging in protection activities that are typically in the domain of mandated agencies such as ICRC and UNHCR. Experiences of such agencies demonstrate that certain areas of protection bring with them considerable operational risks and require an organization-wide commitment to accept such risks and devote sufficient resources to build capacity of field staff. It is recommended that CARE limit its focus its protection activities primarily on three areas:

- Ensure that program design and implementation strategies are consistent with protection "good practice" guidelines, such as those produced by the IASC[3], ALNAP[4] and the InterAction Protection Working Group[5] (e.g. emphasis on participatory approaches, design camps to minimize risks of sexual based violence, etc.);

- Assist staff to develop a better understanding about the role and *modus operandi* of mandated agencies, such as ICRC and UNHCR, amongst field staff and partners. The resulting improvement in the quantity and quality of information made available to mandated agencies would enhance their own work and, in cases where mandated agencies were not performing adequately, provide the basis for informed advocacy.

- Train staff in the use of "Witnessing Guidelines" to assist them in assessing risk and encourage more systematic and user-oriented collection and dissemination of protection-related information.

➢ Plan and budget for an independent evaluation of both CARE programmes, preferably as an interagency effort with 2-3 key partners to enhance learning and accountability through peer

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[3] UN-IASC (2000) "Protection of Civilians: A Strategy for Darfur"

[4] Hugo Slim & Luis Enrique Eguren (2003) "Protection: an ALNAP Guidance Booklet (Pilot Edition)"

[5] InterAction Protection Working Group (2004) "Making Protection a Priority: Incorporating Protection into Humanitarian Response"

review, achieve a better understanding regarding attribution, and share costs. The TOR could ask for an analysis of how the RTE has (or has not) impacted implementation of CARE's program and explore how the methodology could be improved.

Country Offices – lessons learned relevant to future emergencies

➢ While maximizing use of its core capacities during an emergency response CARE Country Offices should continue to be prepared to fill critical gaps, such as the health sector, but an explicit part of this strategy should be to save lives in the short term while making preparations to hand over to specialized agencies as soon as the situation allows.

➢ A lesson learned from CARE Chad's experience is the importance of disaggregating community services components related to camp management from other activities, such as psycho-social, sports and income-generation. CARE should develop partnerships at an early stage with other humanitarian agencies and decide on an appropriate separation of responsibilities, taking due account of capacity and accountability issues (e.g. conflicts of interest can easily arise when food/NFI distributions and SGBV interventions are implemented by a single agency). These divisions should be complementary. For example, women's empowerment should lead to greater involvement in camp management.

➢ Secondments from other agencies for program support functions (such as human resources or operations) should only be considered as a last resort since staff will often be responsible for establishing systems and training national staff and thus should be very familiar with CARE systems. Secondments in technical sectors where CARE has limited capacity (such as primary health) can be beneficial, and MOUs should preferably be completed in advance as part of emergency preparedness measures to ensure appropriate partners are selected and minimize delays in deployment. Where arrangements are being piloted, it is important to plan for a "lessons learned" activity so that value-added can be assessed and improved on in future.

CARE Lead Members – Looking Forward

➢ As part of emergency preparedness, Lead Members should maintain an updated database of national legal operating restrictions (such as OFAC and BIS).

➢ At the end of the day, however, accountability during large crises must be vested at a level so that any organizational risks can be balanced against key considerations such as the humanitarian imperative and security of CARE staff and executive decisions taken swiftly and some of the larger INGOs operating in Darfur temporarily raised the level of accountability to their regional managers. It is in any event of the utmost importance that CARE streamlines its decision-making process to address critical bottlenecks lest operational efficiency suffers and field staff are exposed to undue risks. It is recommended that CARE-USA conduct an in-depth review on this aspect of Darfur operations to ensure that operations receive critical inputs in a timely way in future.

➢ HQ-based senior programme support staff (e.g. HR, finance, legal) should be encouraged to obtain first-hand experience of crisis contexts, through training, involvement in "Lessons Learned" workshops, visits to crisis areas and/or short TDYs to large emergencies.

➢ Institutionalize standby trauma counseling services to be made available on short notice for field staff working in crisis environments.

➢ Lead members should conduct a review of crisis-prone countries (based on early warning indicators) and ensure that job descriptions and subsequent recruitment, particularly at a senior management level (CD and/or ACD level), gives due weight to substantive emergency management experience during the recruitment process. Staff serving in most crisis-prone countries should be prioritized for emergency management training and Lead Members should ensure that contingency planning is updated.

CARE Lead Members – learned relevant to future emergencies

➢ For large emergencies, it is important to assign a "Desk Officer" at HQ or Regional Level plus a senior level staff member (ideally at the ACD level) within the CO who is dedicated full time to the crisis. This could be through a consultancy or TDY, but it is important to have this in place as early as possible with roles and responsibilities clearly communicated to avoid a fragmented approach. Such positions should be sufficiently senior to be able to effectively coordinate and promote policy/advocacy development, CI Coordination, help plug gaps in operations, and mobilisation of resources.

➢ An experienced security specialist should be routinely deployed in future during the earliest stages of a large emergency to develop and implement security protocols and provide relevant training for staff.

CARE International (ERD/CEG) – Looking Forward

➢ Coordinate a review of key import and export restrictions that are likely to impact CARE members and put in place strategic systems that take advantage of membership diversity to avoid or mitigate the impact of such restrictions on emergency response operations.

➢ Revise the Sitrep format to promote the collection and use of disaggregated beneficiary data.

➢ Promote and coordinate development of CARE organization-wide protection guidelines while supporting on-going efforts by CARE Chad and CARE Sudan to develop context-specific guidelines. Consider future development of a deployable protection capacity to assist CARE Country Offices facing protection challenges to develop appropriate implementation strategies and train staff in their use.

➢ As recommended in the Phase 1 of this RTE, there is a need to coordinate the development a common risk assessment format to inform decision-making and reduce tensions due to different expectations and misunderstandings (notably between Country Offices and HQ) during humanitarian crises. An sample net benefit framework is attached as an annex to this report. This should be done at an early stage of a crisis and updated as necessary.

➢ Establish and model an organization-wide system for follow-up to monitor implementation of recommendations resulting from the RTEs and Evaluations of Humanitarian Action. Pilot this process based on the TOR for the Darfur RTE Phase 2, which calls for a review of

recommendations by stakeholders and development of plans of action that can be monitored by stakeholders, with oversight by CEG's Quality, Accountability & Standards Coordinator.

➢ Future RTEs need to be more responsive and predictive in terms of comparing existing capacities with benchmarks (i.e. minimum standards) to assist Country Offices and Lead Members in identifying likely critical gaps and indicate where resources should be prioritized.

➢ The Darfur crisis has underlined the need for a standby emergency preparedness and response capacity to support operations, notably:

   o Pre-positioning of critical program support and security-related inputs, such as telecoms, vehicles and office start-up kits, cannot wait for donor funding to become available and must be "front loaded" using CARE's own resources if necessary and, whenever possible, recovered through project funding. The ERD should identify such critical inputs and ensure that appropriate resources are made available;

   o User-friendly Emergency Manual/Handbook containing key policies, guidelines and formats to assist Country Offices in setting up emergency operations

   o Deployment of an Information Officer and Advocacy Coordinator in the earliest phase of a large complex emergency;

   o Standing capacity of skilled and experienced staff that can be deployed at short notice to support Country Offices who possess not only prerequisite technical skills, but are also experienced in coaching and on-the-job training; and

   o Broaden the skill set of CERT emergency roster to cover critical gaps (e.g. French language skills).

CARE International (ERD/CEG) – lessons learned relevant to future emergencies

➢ During the initial assessment phase the ERD should ensure that the Country Office is aware of what institutional core capacities exist within CARE so as to ensure realistic expectations in terms of what support can be provided externally by CARE International. Such an institutional capacity could include standby secondment arrangements with agencies specialized in primary health care.