**CARE INTERNATIONAL'S
HUMANITARIAN RESPONSE TO THE DARFUR CRISIS**

PHASE # II - REAL-TIME EVALUATION (RTE)

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December 2004

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EXECUTIVE SUMMARY

This second phase of this Real Time Evaluation (RTE) of CARE's response to the Darfur crisis focused on the period during June-September 2004 and included a field visit to eastern Chad and Darfur by a team of two or three individuals. It aims to identify good practices, gaps and provide an external perspective whether CARE has been "doing the right thing" in a dynamic and unpredictable context. This study is not intended to point fingers, but rather to improve quality and accountability of humanitarian programming while highlighting areas to make progress on CARE International's strategic objectives.

The RTE field visit took place during a period when the humanitarian situation was tangibly improving both in Darfur and eastern Chad, although subsequent events in Darfur indicates this was unfortunately only temporary. Capacity on the ground had increased substantially in terms of numbers of humanitarian staff and agencies. The highest priority on both sides of the border remained the security of conflict-affected populations and, because of the widespread displacement this has caused, other priorities are related to meeting basic needs; food, water, shelter, health and environmental impact.

CARE's response to the Dafur crisis also coincided with significant transitions within CARE including several changes in senior management, notably the appointment a new CARE International (CI) Emergency Response Director, the constitution of a CARE International Emergency Group (CEG), a number of changes within CARE-USA's senior management and handover of lead responsibilities from CARE France to CARE Canada in Chad. These resulted in coordination gaps and a lack of clarity about roles and responsibilities that at times impacted adversely on Country Office operations which recalled some of the lessons learned during the Afghanistan and Iraq operations regarding the importance of clarifying key reporting lines and assigning roles during the early stages of an emergency.

In both Chad and Sudan, CARE has been widely acknowledged as an agency that responded rapidly and flexibly in sectors where there were demonstrated needs. Whereas Phase 1 of this RTE identified a prevailing sentiment that CARE should have been able to mount a response much earlier, comparisons with other international agencies during Phase 2 showed that CARE was actually one the first international agencies on the ground in both eastern Chad and Darfur. In both places, CARE adopted an approach of covering large geographical areas during the early phase of this crisis to fill gaps at a time when few humanitarian agencies were present. The RTE mission took place when more agencies and staff were arriving and actors, including CARE, were looking to consolidate their operations and try and focus more on quality and looking to strengthen their monitoring and evaluation capacities.

Both Country Offices were planning strategic reviews before the end of 2004, but had yet to develop specific strategies to guide their emergency operations. In Sudan, CARE has been working in an extremely challenging implementing environment due to both external and internal factors. GoS relations, gaps in UN capacity (notably coordination and protection), embargo and trade restrictions imposed by the U.S. Government, logistic constraints (particularly during the rainy season), and insecurity stemming from the presence of multiple armed groups. The most serious internal constraint has been the significant shortfalls in program support capacity, which has resulted in large human resource gaps, late development of security protocols, as well as long delays in procuring critical items such as telecommunications equipment and vehicles. CARE programme and project managers were obliged to spend significant amounts of time dealing with program support issues. CARE is by no means the only agency to face gaps in program support, but agencies such as MSF

and World Vision International demonstrated that it was possible to set up operations in Darfur (including radio communications) within a matter of weeks.

The gaps in programme support actually highlight the considerable achievements of CARE staff. CARE managed to hit the ground running in Darfur and quickly set up operations for food distribution, common distribution system for non-food relief items (NFI) under the UNJLC project, along with water and sanitation. CARE' lack of institutional depth in health and nutrition, and also cross-cutting interventions such as protection, meant that these interventions were not as effective as they might have been. The Kalma incident, when international staff were evacuated to Khartoum during a two-week period and in August caused the temporary suspension of a number of CARE activities. In Chad, CARE is continuing distributing food rations, camp management of three officially recognized refugee camps in addition to providing refugees with basic assistance at a spontaneous settlement in Am Nabak. Overall trend in terms of indicators is positive, although difficulties have been encountered in meeting water and sanitation minimum standards. While a number of areas for improvement have been identified, refugee camps managed by CARE are viewed as something of a model by both refugees and peer agencies and were markedly better organized than IDP camps in Darfur.

The absence of contacts between CARE Chad and CARE Sudan to date was not surprising given the context, the state of relations between Sudan and Chad, and the multitude of CARE actors involved. The two Country Offices are working with two geographically distinct populations but there are obvious cultural and socio-economic affinities and CARE sectoral interventions are similar. Both Country Offices are aware of a number of potential advantages to closer cooperation in future and the deployment of a Regional Humanitarian Adviser (RHA) should assist in improving connectedness of the two Country Offices.

There has generally been good bilateral cooperation between Lead Members, particularly in the areas of fund mobilization and human resources, and other members in provision of support. CARE external relations with government authorities and other agencies remain good in both countries even though the legal case against CARE Sudan staff involved in the Kalma incident is not yet closed.

A recent gender assessment commissioned by UNHCR identified several gaps in Eastern Chad and found evidence that sexual abuse of refugee women is occurring in the camps, citing at least one case involving a CARE staff member that may be linked to food-for-sex. CARE Chad has made considerable progress since the first Phase of this RTE. CARE was also making significant efforts to ensure that women were represented in the camps they managed. All staff had signed a Code of Conduct provided by UNHCR and some had undergone orientation. In Darfur, gaps in programme support meant that only 2 of 104 distribution staff had signed a Codes of Conduct.

In Sudan, available evidence suggests that SGBV incidents are far more pronounced. IDP settlements were much less well-organized in comparison to refugee camps across the border and, in contrast to Chad, women interviewees showed little awareness about the existence of women's leadership structures. Both Country Offices are working to address the lack of disaggregated data for beneficiary populations.

Gender-based studies of crisis contexts have repeatedly highlighted the positive impact of significant female representation amongst staff and appropriate orientation of field staff. CARE is not alone in having relatively few women working in either mission, notably in senior management positions. At the time of the RTE mission, the only woman among the 17 international staff in Chad

was the administrative officer. In Darfur, three out of a total of 13 international staff were women. Efforts by both Country Offices to recruit women national staff have been complicated by cultural norms that limit the roles of females in the formal workforce outside of the domestic domain. Though CARE has seen much greater success with staff drawn from refugees and IDPs.

Representatives of conflict-affected populations in both eastern Chad and Darfur confirmed protection as the highest humanitarian priority during focus group discussions and interviews. This second phase of the RTE found that CARE Country Offices had not yet developed protection strategies or guidelines, a gap that can be partially attributed to the standard of UN leadership on protection issues. While there have been marked improvements in Chad as UNHCR has increased its capacity, in Darfur NGOs continue to be handicapped by what a recent UN study described as the United Nation's "…*apparent lack of leadership, guidance, definition and strategy for protection at Khartoum and regional level.*"

In Chad conflicts have often revolved around competition for natural resources between refugees and the local population. CARE Sudan faces greater challenges due to a combination of militia activities, sensitive relations with the government and serious gaps in UN coordination and implementation of protection activities. Humanitarian agencies face particular challenges in the face of forced relocation of IDPs by GOS.   While the camps do afford protection to the IDPs, there seems little doubt that areas with very large concentrations of IDPs are unsustainable.

There is a good overall awareness of protection issues amongst senior staff and indeed CARE's protection role was widely acknowledged by external respondents (including affected communities) due to CARE's relatively large coverage and engagement in critical sectors such as camp management and social services (in Chad) and psychosocial support (in Darfur). This is not so much as part of an explicit strategy, but rather through a combination of physical presence and as a primary sources for reliable information on locations and numbers of displaced populations.

The first phase of this RTE had discovered differences within the CARE membership as to how much public profile to give advocacy for Darfur and recommended that the ERD should coordinate development of a common risk assessment framework.   The difficulties in reaching agreement on a common approach and consequent tensions between CARE Sudan, the Lead Member and the rest of the membership were to a large extent due to the complex nature of the Darfur context and sensitivities around relations with GoS.

Two areas were identified that could have helped in developing a more coherent approach early on and eased some of the frustrations. One was the lack of a common risk assessment at the level that clearly outlined the pros and cons of different advocacy positions for the membership. The second gap arose from the turnover both within CARE-USA's Policy and Advocacy leadership and the lack of capacity within CARE International to assure coordination. "Good practice" examples of advocacy include the work done by the Nairobi-based coalition and CARE International's UN Liaison in New York where there has been constant engagement at upper levels of diplomatic missions and the UN Security Council. By the time the second phase of the RTE took place in September/October, these issues had been largely resolved and there was broad satisfaction with CARE's advocacy amongst stakeholders.

The majority of CARE respondents said they had found the RTE Phase I report useful and the recommendations relevant, despite its rather superficial nature (no field visit, only 14 interviewees). Despite only isolated examples of systematic use of the RTE Phase 1 report, there has been follow-up on most of the recommendations. A significant gap identified for Phase I of the RTE was the

failure to highlight the serious weakness in Country Office program support capacities in both Chad and Sudan that should have helped to address these gaps sooner.

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.

- o 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:

- o 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.);

- o 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.

- o 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.

INTRODUCTION

The second phase of the Real Time Evaluation during covering the period June-October 2004 observed a significant overall improvement in the humanitarian situation in Darfur and eastern Chad since Phase 1 in May, although subsequent events in Darfur indicate that this was unfortunately only temporary. Capacity on the ground had increased substantially in terms of numbers of humanitarian staff and agencies (in May less than six international NGOs were present in Darfur, in October there were 23 international NGOs in South Darfur alone) and physical access was now easier since the rainy season has ended. Relations between GoS and humanitarian agencies had also improved and more areas could be accessed (including within SLA-controlled areas, where assessments had recently been carried out). While attacks on food convoys continue to disrupt the "upstream" food pipeline to Darfur, impeding WFP from providing a complete food basket to target populations, non-food items (NFI) distributed through the UNJLC project have not been similarly affected as this mostly travels by air.

Accurate information on the impact of the crisis has not been easy to obtain due to issues of access, capacity, and use of different methodologies that make it hard to compare results (see table below)[6]. Results of such studies have generally been bleak, although not uniformly so and while is not yet a clear indication of nutritional trends, the subsequent deterioration of security throughout Darfur does not bode well.

Agency	Period Considered (CMR)	CMR (p/10,000/day)	GAM	SAM
UN emergency thresholds		*1.0*	*15%*	
WHO mortality survey (3,000 IDP households in N & W Darfur states)[7]	Jun-Aug 2004	2.6		
WFP/CDC Survey[8] (880 households in Darfur)	Feb-Aug 2004	0.72	21.8%	3.9%
MSF (Kalma IDP camp, South Darfur)	Feb-Aug 2004	1.7	23.6%	3.6%
MSF (Kass Township, South Darfur)	Feb-Aug 2004	3.1	14.3%	2.0%
MSF (Muhajiria Township, South Darfur)	Feb-Aug 2004	1.3	10.7%	0.9%

In Chad, UNHCR reports a refugee population of over 200,000 refugees, of which approximately 35% were registered in camps managed by CARE at the time of the RTE field visit. The humanitarian situation measured in terms of indicators is on the whole better than in Darfur as most lie below emergency thresholds and the main concerns center around competition over natural resources and the constant challenge to obtain sufficient water for such a large refugee population during the long dry season.

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[6] Note that GoS has contested some of these results, notably the WHO survey.

[7] http://www.who.int/mediacentre/news/releases/2004/pr63/en/

[8] http://www.wfp.org/country_brief/africa/sudan/assessments/041025_food_assessment.pdf. WFP and CDC data indicated that resident populations were better off than IDPs, but the difference was not statistically significant.

The top humanitarian priority on both sides of the border nevertheless remains the security of conflict-affected populations in the form of protection and, because of the widespread displacement this has caused[9], other priorities have become meeting basic needs; food, water, shelter and health. Environmental issues have not yet emerged as a priority concern in South Darfur as they have in Chad, but it is anticipated that the environment will assume increasing importance over time in the wake of displacements on such a scale. As more agencies and personnel arrive, there is a general sense among the humanitarian community that the acute emergency phase is over, and it is now time to review and consolidate programs, place greater emphasis on quality and reinforce monitoring systems.

Objectives of this RTE

A Real Time Evaluation (RTE) is an evaluative study done in real time with timely feedback to support organizational learning and accountability, while providing an opportunity for management to step back and review the program.

This second phase of this RTE of CARE's response to the Darfur crisis mainly covers the period June-October 2004. It aims to identify good practices, gaps and a description from an external perspective of how the field activities have being carried out, while providing a rapid overall assessment of whether CARE has been "doing the right thing" in a dynamic and not always predictable context. The RTE methodology is not, however, particularly effective at measuring project outcomes or impacts, nor aimed at providing a technical assessment of the detailed project activities and thus does not replace an impact evaluation.

This is achieved by adopting a line of inquiry focusing on three components:

- *Assistance Projects*: project cycle, relations with local authorities and partners, sustainability of current projects;
- *Cross-cutting issues*: conflict sensitivity, gender, protection, advocacy, relations with the military, coordination with other actors;
- *Overall management*: overall planning process (including contingency planning), procurement, logistics and administration and finance, human resource management and staff development.

The general issues have been evaluated wherever appropriate using standard OECD-DAC criteria, including **Effectiveness** (how well have the objectives been achieved? **Appropriateness** (how are operational guidelines and policies being applied?), **Efficiency** (how cost-effective and timely is the response?), **Relevance** (is CARE doing the right thing?), **Connectness** (is the implementation strategy coherent within CARE itself and with the activities of other actors?).

It is emphasized that this RTE is not intended to point fingers, but rather to highlight areas where the organization needs significant improvement if CARE International's Strategic Direction 2 objectives are to be attained. It should be stressed that Country Offices had already identified many gaps and significant improvements were clearly visible in both Country Offices in comparison to Phase 1.

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[9] 200,000 Sudanese refugees in Chad and over 1.3 million "conflict-affected" persons receiving WFP food assistance in Darfur as of October 2004

METHODOLOGY

Jock M. Baker led this second phase in his capacity as CARE International's Coordinator for Quality, Accountability & Standards, together with Fouad Hikmat, External Consultant, and (in Chad only) Stephen Gwynne Vaughn, on a TDY from his current position as Assistant Country Director in CARE Zimbabwe, who represented the Lead Member. The team reported to the CARE International Emergency Response Director (ERD), Titon Mitra. However, in keeping with independent evaluation principles, the ERD did not exercise any editorial control over the report content and the authors accept responsibility for all errors and omissions.

The methodology for this second phase relied on key informant interviews with CARE staff in Chad and Sudan, and external stakeholders supplemented by a review of relevant documents. A list of interviewees and schedule for the field visits are attached as an annex.

The team used a prepared 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. In addition to the broader questions, specific lines of inquiry were prioritized by line managers in Country Offices and by the respective HQs. Interview lasted between 30 minutes and two hours.

In keeping with the principle that CARE operations in Chad and Sudan represent two perspectives of a single crisis, findings have been combined wherever this makes sense.

MAIN FINDINGS - PROGRAMME

CARE is widely acknowledged as an agency that responded rapidly and flexibly in sectors where there were demonstrated needs. In both Darfur and eastern Chad, CARE has adopted a general approach of spreading itself fairly thinly over relatively large geographical areas during the early phase of this crisis to fill gaps at a time when few humanitarian agencies were present. The RTE mission took place at a time when more agencies and staff were arriving and actors, including CARE, were looking to consolidate their operations and try and focus more on quality.

CARE's response to the Dafur crisis coincided with transition within senior CARE management. A new CARE International (CI) Emergency Response Director was appointed in March 2004 after the post had been vacant for a year. The newly created CI Emergency Group (CEG) was put in place the following August. The CI Policy and Advocacy Coordinator's post was also vacant during the period under review. CARE-USA's Vice President for Policy and Advocacy also took up her position in March as part of a significant restructuring of that unit. CARE-USA's Senior Vice President for Programme position became vacant unexpectedly. CARE Canada assumed lead responsibilities for operations in eastern Chad during June. Changes were also happening at top levels within other CARE members. This situation resulted in coordination gaps and a lack of clarity about roles and responsibilities that at times impacted adversely on Country Office operations which recalled some of the lessons learned during the Afghanistan and Iraq operations[10] regarding the importance of clarifying key reporting lines and assigning roles during the early stages of an emergency.

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[10] A collection of CARE Evaluations of Humanitarian Actions and Lessons Learned Reports can be found on the CARE International Emergency Group website on Livelink at CARE International Humanitarian Actions DME Link

CARE's response to the Dafur crisis also coincided with significant transitions within CARE including several changes in senior management, notably the appointment a new CARE International (CI) Emergency Response Director, the constitution of a CARE International Emergency Group (CEG), a number of changes within CARE-USA's senior management and handover of lead responsibilities from CARE France to CARE Canada in Chad.

The first serious fighting in Darfur between Government forces and rebels from the Sudan Liberation Army (SLA) and the Justice and Equality Movement (JEM) broke out in March 2003 [11]. Refugees began arriving in eastern Chad soon afterwards and by September the refugee population in eastern Chad had reached 65,000. In November, OCHA warned that Darfur was facing its worst humanitarian crisis in the region since 1988. In May 2004, as CARE Sudan was setting up operations in Darfur, the number of IDPs was estimated at over one million and a UN assessment team led by the WFP Executive Director described the Darfur situation as one of the worst humanitarian crises in the world.

Timeliness of the response. It therefore came as no surprise that Phase 1 of this RTE identified a sentiment amongst many, though not all, respondents that CARE should have been able to mount a response much earlier. A comparison with other international agencies during Phase 2 showed that CARE was in reality one the first international agencies on the ground in both eastern Chad and Darfur. In both countries, CARE quickly established a reputation for its flexibility and quick implementation in the most of the activities undertaken despite operational constraints. This suggests that the main reason for delays in engaging appear to have been related more to a systemic problem common to the international humanitarian community as a whole[12].

While recommended in Phase 1 of the RTE, neither Country Office had yet developed a coherent strategy to guide their emergency operations in Darfur, something that would have been useful during the consolidation phase, not only to guide the transfer of handover of some activities to recently-arrived agencies, but also to serve as a communication tool for partners and the CARE membership. CARE Sudan has a Country Strategy document and an AOP that includes emergency response, but these did not specifically consider Darfur operations. In Chad, CARE was sensibly planning to hand over responsibilities for Bredjing camp to IFRC to enable CARE to consolidate their operations in the northern sector. In Darfur, CARE has been under pressure by WFP and peer agencies to hand over part of its food distribution and wat/san activities and, in the absence of a clear strategy, this was perceived to often be happening in a relatively ad hoc manner. Both Country Offices were planning to conduct strategic reviews on their respective emergency operations before the end of 2004. .

> *Recommendation (Country Offices)*: 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.

Improved integration of contextual analysis into programming and advocacy is needed to support achievement of goals and objectives. The lynching of an IDP who was brought by CARE in Kalma camp to participate in a wat/san training event highlighted the importance of adapting interventions to the particular context of Darfur. Both Country Offices were being supported by

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[11] The UN Darfur Crisis Timeline - http://www.un.org/News/dh/dev/scripts/darfur_formatted.htm

[12] The perceived failure of the humanitarian community to mount an earlier response in Darfur is a primary line of inquiry in OCHA's Real Time Evaluation of the Darfur crisis.

CARE UK in developing conflict-sensitive approaches to programming. This support along with that of the recently-appointed Regional Humanitarian Adviser should help in improving the quality and appropriateness of the respective programmes.

Both Country Offices recruited M&E staff in August to design and implement monitoring systems to improve program quality and impact, although CARE Sudan's capacity was confined only to the food sector. Both operations were still in the design and testing phase during the field visit by the RTE Team. M&E will be a critical activity in during the consolidation phase since, with the exception of the wat/san project in Darfur, both programs prioritized project delivery over monitoring.

> ***Recommendation (Country Offices):*** Country Offices should ensure that M&E systems are 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.

Sudan Programme

In Sudan, CARE has been working in an extremely challenging implementing environment due to a number of factors, both external and internal. External factors include sensitivities surrounding GoS relations, gaps in UN capacity (notably coordination and protection), export restrictions imposed by the U.S. Government, logistic obstacles (particularly during the rainy season), and insecurity stemming from the presence of multiple armed groups. The most serious internal constraint has been the significant gaps in program support capacity, including telecommunications equipment, security SOPs, and inadequate operational support structures.

Despite these many constraints, CARE managed to hit the ground running and set up operations very quickly for food distribution, common distribution system for non-food relief items (NFI) under the UNJLC project, along with water and sanitation. The notable exception was the health and nutrition sector, which was still in the start-up phase at the time of the RTE Phase 2 mission (over three months after funding had been approved). One of the primary reasons for the success in these three sectors was seen to be strong leadership by CARE staff (in the case of NFI) or former CARE staff (food, water, team leadership) who were able to draw on their previous experience in establishing and managing CARE emergency operations. Areas where CARE did not have a great deal of institutional depth in implementing tried and tested CARE emergency systems was lacking in health and nutrition, and also meant that cross-cutting interventions such as protection were not as effective as they might have been.

Food Distribution

CARE has been the principle WFP partner in South Darfur, distributing approximately 80% of food rations during the initial phase of operations in South Darfur and the eastern portion of West Darfur around Zallingi. As more agencies arrived and have assumed some of CARE's food distribution responsibilities, the percentage of food distributed by CARE was reduced in September to around 63% of the total of 619,000 targeted beneficiaries.

Apart from CARE's own internal capacity constraints, specifically lack of vehicles, telecoms and international staff to augment supervision and ensure monitoring, food distribution has been

constantly handicapped by WFP's ongoing difficulties in delivering sufficient commodities to Nyala due to attacks on food convoys. During August, for example, WFP stated they were only able to deliver 63% of their target and were able to raise this to 93% during September, though this was mainly because CARE suspended food distributions for three weeks after the incident in Kalma. CARE Sudan estimated that, on average, only 33% of distribution targets have been achieved during October, attributable mainly to the pipeline issue[13]. The RTE Team also received reports of food racketeering associated with CARE food distributions, a claim which staff had difficulty in confirming due to the lack of monitoring data. CARE staff in Nyala were in the process of mounting an investigation during the RTE team's visit.

Water & Sanitation

CARE's water and sanitation activities have concentrated around the Nyala area and again there were attempts to maximize coverage, which has meant that quantity delivered is estimated to be at most 9-10 litres per person per day, which is at the low end of the Sphere minimum standards for total basic water needs of 7.5-15 l/pp/d. By early October, over 53,000 IDPs were receiving water and sanitation assistance from CARE[14] and coverage was expanding. Responsibilities are also being handed over to other agencies active in this sector, such as WESP (a local government agency working on water sector), who operates water tankers to IDP camps in the Kalma area while CARE continues to cover sanitation needs and water quality monitoring. Freeing up some capacity has allowed CARE to extend their outreach to, for example participate in interagency assessments into SLA-controlled areas. Again, however, available evidence suggests that these handovers tended to be *ad hoc* rather than according to a well-defined strategy, which has contributed to accusations of CARE "territoriality" by some agencies.

CARE Sudan's work in this sector has produced several examples of replicable "best practice", including:

- The CARE latrine design uses sandbags to prevent holes collapsing and this cost-effective design was being extensively used by other agencies;

- CARE has been successful at setting up highly participatory wat/san committees within the IDP camps that have taken an increasingly active role in site planning and latrine design; and

- The wat/san sector has a dedicated logistics capacity and has accordingly suffered less relative to other sectors from gaps in program support. Nevertheless, procurement delays in along with the temporary suspension of CARE activities during August/September have meant that only 66% of the 900 targeted numbers of latrines were constructed by the target date.

UNJLC Common Non-Food Item (NFI) Pipeline

CARE has played a pivotal role in the UNJLC project whose objective is to improve the living conditions of 1,000,000 IDPs through increased access to shelter and basic non-food items. CARE Sudan established logistics support units in Nyala, El Fasher. El Geneina and El Obeid to manage the receipt of NFIs and its onward transport and delivery to targeted locations requested by the

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[13] CARE Sudan Sitrep #28 dated November 2, 2004

[14] Status Report of CARE Watsan Project in South Darfur dated Oct 3, 2004.

humanitarian agencies working in the Greater Darfur region, in coordination with OCHA and UNJLC.

The UNJLC project was a large and complex logistics task where, like food distribution, some donors actively lobbied for CARE to implement this activity based on their reputation and previous performance record for similar activities. All but a small fraction of the NFI arrived by air and thus did not suffer the same pipeline bottlenecks as with food (except during a period during July when the IDP influx into Kalma camp was at its peak). Apart from some initial problems encountered with management in CARE's central warehouse and relatively slow response times in filling requests from agencies for NFI in South Darfur due to use of different systems, project objectives were met. By the time the RTE mission took place in October, the typical turnaround time between placement of an order and delivery was one or two days on average.

Health & Nutrition

CARE currently has global capacity in areas such as reproductive health and HIV/AIDS and many Country Offices are implementing health-related projects. However, CARE has little institutional expertise or specialist capacity in primary health care or emergency nutrition in comparison to other INGOs such as MSF or the Federation of Red Cross/Red Crescent Societies[15].

In view of the significant needs and scarcity of international agencies in Darfur prior to easing of GoS restrictions in July, it made sense during the early phase of this crisis for CARE to support this sector. However, the subsequent difficulties encountered in establishing health sector activities since funding was approved in May (notably in recruiting and retaining a suitable project manager to establish activities and train staff) has meant that CARE has not been able to meet project objectives. A number of external and CARE respondents consistently attributed high mortality and defaulter rates observed during July and August (see Table below) to a combination low capacity of local health authorities and gaps in CARE technical and material support.

	July (from 12thJuly)	August (Arrived 22nd Aug)	September
Number admitted	89	92	56 + 2
Recovered	14 (26.9%)	67 (69%)	46 (85%)
Died	16 (30.8%)	19 (19.6%)	5 (9.3%)
Default	22 (42.3%)	11 (11.3%)	3 (5.6%)
Total	237 children		

Source: CARE Sitrep dated October 18, 2004

Health constitutes only a small part of CARE's portfolio (see Annex 4), but its failure to meet expectations of both the GoS and international humanitarian community has negatively affected its standing in Darfur, particularly following the arrival in July of a significant number of international agencies specialized in primary health and nutrition.

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[15] The CARE Emergency Capacity Review (2000) did not recommend that CARE International develop a primary health capacity for this reason.

Recommendation (Country Offices): 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.

Recommendation (ERD): During the initial assessment phase the ERD should ensure that the Country Office is aware of what institutional core capacities within CARE exist 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.

Chad Programme

In Chad, CARE is continuing distributing food rations, camp management of three officially recognized refugee camps in addition to providing refugees with basic assistance at Am Nabak (see Annex for a UNHCR "snapshot" of agency responsibilities). Overall trend in terms of indicators is positive, although difficulties encountered in meeting Sphere water and sanitation standards. Monitoring will play a critical role here, and it was observed that CARE national staff often did not possess sufficient information about the camps they are managing or indeed how to interpret the data that was available.

In Chad, CARE is clearly recognized as one the three leading agencies in terms of expertise, capacity, flexibility and responsiveness. While there is room for improvement, refugee camps managed by CARE are viewed as something of a model by both refugees and peer agencies and are markedly better organized than IDP camps on the other side of the border.

CARE has also been given responsibility for community services in the camps they manage but has been handicapped by rapid turnover of international staff, some of whom had relatively little experience of working in refugee camp settings, coupled with a significant needs for capacity-building of national staff. One important accomplishment in this area has been the formation of a number of refugee committees where women have an important representation role. A UNHCR technical assessment conducted during August nevertheless found CARE's interventions in this sector to be very limited in scope and inconsistent with CARE's reputation in this field. Findings during the RTE concurred with these findings, although CARE Chad had already started taking tangible steps to address many of these gaps.

Recommendation (Country Offices): 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.

The fragile environment in eastern Chad is becoming more of a concern and CARE's reputation from environmental work in Tanzania meant that UNHCR proactively sought to partner with CARE

in this sector. The CO needs to determine how much of a priority to devote to environment as it looks extremely likely that significant resources will be available for a well-targeted intervention.

> ***Recommendation (Country Offices):*** 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[16] sub-project with UNHCR, and CARE-USA's REA[17] for support and guidance.

MAIN FINDINGS – PROGRAMME SUPPORT

Human Resources

CARE had no existing operations in either Darfur or eastern Chad and was obliged to set up new offices and operations in both locations. This placed enormous demands on Country Office program support capacities. Hundreds[18] of national staff needed to be hired and trained, financial and procurement systems adapted to emergency conditions put in place and telecommunications set up. This already formidable challenge was rendered more difficult by a shortage of local skilled human resources, competition between agencies trying to recruit national staff (including UN agencies, which offer significantly higher salaries), along with poor road and communications infrastructure.

In Sudan, international agencies had to contend with additional constraints caused by insecurity and (up until July) strict restrictions on the movement of goods and staff into Sudan and Darfur by the GoS and CARE also appears to have been by far the agency most impacted by U.S. government legislation relating to embargoes and trade sanctions[19]. The Humanitarian Assistance Committee (HAC) of the GoS also initially required its involvement in virtually all phases of recruitment of national staff. To add to these problems, the Human Resources Manager for CARE Sudan resigned in June and the Administrative Manager left in August. Both positions were due to be filled at the time the RTE took place in October.

Both Country Offices initially attempted to reinforce program support by searching externally for qualified candidates who were willing to stay at least six months. Few qualified applicants came forward and personnel were eventually recruited for short-term assignments. It was only in August

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[16] 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.

[17] 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.

[18] Since the beginning of the Darfur crisis, CARE Sudan had hired 250 new staff and were in the process of recruiting another 50.

[19] Embargoes and trade sanctions are based on US foreign policy and national security goals against targeted foreign countries, terrorists, international narcotics traffickers, and those engaged in activities related to the proliferation of weapons of mass destruction. The Treasury Department's Office of Foreign Assets Control ("OFAC") is the primary administrator of U.S. embargoes, but some are administered by the Commerce Department's Bureau of Industry and Security ("BIS").   In the case of Darfur operations, Commerce Department legislation has come into play.

(Chad) and September (Sudan) that CARE international staff with relevant experience were deployed on TDYs to administrative or financial positions. Secondment of an Operations Officer for Darfur was arranged with Mercy Corps during July and August helped establish basic systems in place and provide operational support. However, the individual's lack of familiarity with CARE procedures and codes meant that systems were incomplete and, in a number of cases, had to be "undone" at a later stage.

> *Recommendation (Country Offices)*: 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 need to 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.

Poor efficiency resulting from inadequate program support has had a significant negative impact on virtually all aspects of CARE operations. Some of these inefficiencies resulted from external factors described elsewhere in this report (notably restrictions imposed by various GoS agencies and the U.S. government). At the same time, CARE programme managers in Abeche, Khartoum and Nyala have all spent a significant percentage (estimated at least to be 30-50%) of their time engaged with program support issues, a task made more difficult by poor telecommunications infrastructure. An example is human resources, where programme staff were engaged with tasks that would normally have been done by HR or administrative staff (e.g. vetting candidates, drafting job descriptions, preparing contracts, administrative orientation and training, and following up on payments of salaries and benefits).   Since the Lead Member for Sudan lacked a system for providing trauma-counseling services for staff, the Country Director invested significant amounts of time and energy in organizing this for his staff. Both Country Offices had to cope with particularly heavy workloads in the first few months of the crisis prior to the deployment of an ACD-Emergency in Sudan (in June) and a Country Director in Chad (in August).

Though Human Resources in CARE-USA HQ and the broader CARE membership had difficulty in reaching their recruitment targets, interagency comparisons indicate that success rates were comparable or better than other agencies. The main gap that surfaced at the level of HQ support was the lack of user-friendly, standardized and agency-mandated procedures and guidelines, and standard forms, supplemented by a pool of experienced staff who could fill Country Office demand in supporting the set of up systems and provision of on-the-job training.

The RTE Team found collections of guidelines, policies and other documents that had been sent to Country Offices (mostly in electronic form), but rapid turnover, inexperienced staff, lack of time and capacity, and rudimentary filing systems meant that it was either difficult to determine which materials to prioritize or they were difficult to locate or interpret. An example cited in Phase 1 of the RTE was the multitude of documents relating to Prevention of Sexual Exploitation that Country Offices have been obliged to distill down and, in some cases translate, whereas a "generic" field guide that could be easily contextualized by COs would be more useful.

Both Country Offices are taking steps to rectify shortfalls in program support, but some of those observed during Phase 2 of the RTE (over five months into the program include):

- CO administrative, financial and procurement procedures need to be adapted so as to be more responsive to an emergency programming environment;

- Asset registries are incomplete. The location of assets and value is not listed. Transfers of assets to other locations are often not properly recorded.

- Formal orientation of newly recruited staff only started in September. At the time of the RTE, only 2 out of 104 food distributors in Darfur had signed a Code of Conduct and only 29 out of 220 new staff had job descriptions. Staff in Chad had signed a Code of Conduct form provided by UNHCR, but most had yet to undergo a formal orientation.

- While CARE was effective in scaling-up its response, staff also took a lot of risks. Field staff lacked adequate or reliable communication equipment, were not always well-briefed, were often lodged in sub-standard accommodation and, in Darfur, had to deal with armed militias.

- Widespread trauma amongst staff following the Kalma incident when an IDP from another camp was lynched by a mob highlighted the lack of counseling facilities available to field staff in Sudan.

- While lack of a Rest and Recreation (R&R) policy was an issue during the first phase of the RTE, Phase II found policies for international staff being systematically applied in both Country Offices. R&R benefits are similar in terms of total amounts in both Chad and Sudan but differences in two policies mean that, in practice, some staff only receive around half of their total entitlement since international staff in Chad receive a lump sum for travel and living expenses, whether or not they travel. In Sudan, since the cost of the air ticket to their home bases often exceeds the allocation, many international staff chose not to travel and thereby forfeited the sum budgeted for travel.

- Exit appraisals were being done for international staff deployed to Chad, but was completed for only one individual deployed to Darfur.

- Lack of radio communications and basic IT systems in both countries. Thuriya phones in Darfur were purchased with "scratch cards", which proved very difficult to purchase once they had expired. This was eventually rectified in August, over two months after CARE had set up operations.

- Vehicle fleet in Darfur consisted of 10 vehicles borrowed from other projects and the remainder was rented. When ECHO was planning to bring in a fleet of new vehicles, WFP recommended a significant quantity be provided to CARE due to the poor condition of their vehicle fleet. A similar situation existed in Chad while CARE waited for UNHCR to procure and deliver vehicles, which finally started to arrive in August;

- An extended exchange of correspondence and discussions between CARE Sudan and CARE-USA spanning several months regarding access to CARE-USA funds to allow procurement of telecommunications equipment and vehicles for Darfur that were first requested in June. The process of obtaining waivers for U.S. Government embargo legislation caused significant delays in obtaining radio equipment. The RTE Team was struck by the length of time that it took to unblock these critical bottlenecks, due apparently

to a lack of common understanding on the issues amongst key CARE staff. Country Office staff invested considerable amounts of time dealing with these issues and the fact that other agencies operating in Darfur were seemingly unaffected by similar legal or financial obstacles[20] added to their feeling of frustration.

Recommendations (Country Offices):

➢ 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.

➢ 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.

➢ Ensure that Exit Appraisals are routinely done for international staff completing their missions. To facilitate handovers to in-coming staff and improve institutional learning, a CD-ROM containing a document library could supplement written exit reports.

➢ 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.

Recommendations (Lead Members):

➢ 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 a person 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.

➢ 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.

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[20] To speed up procurement, other international agencies were able to either purchase equipment from non-US sources or interpreted their pre-existing export waivers for South Sudan as also valid for Darfur.

➢ 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.

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

➢ Lead members should conduct a review 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.

Recommendation (ERD): Coordinate a review of key import and export restrictions that are likely to impact CARE members and put in place systems that take advantage of membership diversity so as to avoid or mitigate the impact of such restrictions on emergency response operations.

CARE is one of a handful of agencies that recruited full time Security Officers and there was widespread appreciation from other agencies that felt they also benefited from advice and information. CARE Chad had developed generic security protocols following the assessment mission in May, but both Country Offices were only just finalizing security management operating procedures during the time of the second phase of the RTE. In Sudan, this delay was attributed to difficulties in identifying and deploying an appropriate security officer. In Chad, the Security Officer had been given an additional programme management role and thus had limited time to work on the security plan. Staff security was also compromised by limited access to telecommunications and a shortage of reliable vehicles.

Recommendation (Lead Members): 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 Chad has successfully evolved from its overdependence on UNHCR funding since the last RTE and both Country Offices were found to have access to diverse sources of funding. CARE Chad's approved funding was relatively modest while waiting for approval of a significant amount of funding. See Annexes 4, 5 & 6 for a portfolio financial analysis for each operation.

Sudan

CARE Sudan's Head of Human Resources resigned in June 2004 and, despite concerted efforts by the Country Office to recruit a replacement, this post was only due to be filled towards the end of October. The Head of Administration resigned in early August and was not yet replaced at the time of the RTE mission. The Country Office took steps to reinforce program support capacity in both Khartoum and Nyala through TDYs of experiences staff during September, but significant gaps in Darfur operations remained.

CARE is certainly not the only agency to experience shortfalls in program support. At the same time, the fact that some INGOs, such as MSF and World Vision International, were able to

overcome similar obstacles and set up operations (including radio communications) within a matter of weeks, demonstrates that this could have been done much with greater efficiency. As described above, CARE was also severely handicapped by the Lead Member's interpretation of U.S. government export restrictions . While these issues clearly need to be addressed by Lead Members and the ERD as a matter of priority, it was felt that CARE Sudan could also have been more proactive in understanding how other agencies managed to streamline their own procurement[21].

Chad

CARE's operation in Chad experienced similar capacity problems that, in common with CARE colleagues in Sudan, render the achievements of CARE staff even more impressive. The CARE Office in Abeche (Chad) has never been fully staffed and this has created notable gaps in camp management and community services, particularly due to the lack of experienced international staff to establish CARE-compatible systems, train new staff and provide supervision

In Chad, there were only two international camp managers, though according to the original UNHCR Sub-Agreement provided to the RTE Team there was provision for a total of three (one for each "official" camp managed by CARE). Apart from camp management, their responsibilities also include supervising community services, food and NFI distribution, plus management of water supplies (in some camps). These tasks, on top of on-the-job-training and capacity building of community structures, are beyond an effective output of existing international staff with a, as yet, not fully-trained national staff. The lack of a clear camp management mandate from UNHCR to define roles and responsibilities was also seen as an impediment and CARE was in the process of developing this at the time of the RTE mission.

> ***Recommendation (ERD):*** the Darfur crisis has underlined the need for a standby emergency preparedness and response capacity to support operations, notably:
>
> ➢ 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;
> ➢ User-friendly Emergency Manual/Handbook containing key policies, guidelines and formats to assist Country Offices in setting up emergency operations
> ➢ Deployment of an Information Officer and Advocacy Coordinator in the earliest phase of a large complex emergency;
> ➢ 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
> ➢ Broaden the skill set of CERT emergency roster to cover critical gaps (e.g. French language skills).

CONNECTEDNESS

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[21] This was a recommendation in the Darfur Assessment Report in March 2004.

Coordination within a single crisis (Darfur and Chad)

CARE Sudan is working in South Darfur and the eastern part of West Darfur (except for the UNJLC project, which is Darfur-wide). CARE Chad's interventions are focused on the northern axis in eastern Chad. As a consequence, the two CARE operations are actually working with two different populations though there are marked similarities between the CARE programs in Chad and Sudan since they are focusing on food security, water and sanitation, NFI distribution and psychosocial support. The cultural and socio-economic background of intended beneficiaries is also very similar.

There has been little contact between CARE Chad and CARE Sudan to date. This is not in itself surprising given the context of two CARE operations attempting to establish and run emergency operations in a context where there are three CARE members with lead member responsibilities (CARE-USA, CARE-CA & CARE-France), two CARE-USA regional offices, plus CARE International's Emergency Group. Until relatively recently, it would also have been out of the question for CARE staff to cross the border due to GoS restrictions and poor security. At the same time both Country Offices are aware of a number of potential advantages to closer cooperation in future, something that should be facilitated by the recent inauguration of UNHCR Air Serve cross border flights.

Areas identified during the RTE that could potentially benefit from such cross visits included water and sanitation, where CARE Chad could benefit from the extensive knowledge in Sudan of community mobilization approaches. Similarly, CARE Sudan could benefit from looking at some of the community services systems put in place in the camps by CARE Chad and other agencies (notably INTERSOS). Another example is security, where sharing of information and development of coordinated evacuation plans has obvious advantages. Similar principles hold for interventions targeting income-generation, conflict resolution and skills development.

There has been good direct cooperation between Lead Members (CARE Canada, CARE France and CARE USA), particularly in the areas of fund mobilization and human resources.

One of the main objectives behind the deployment of a Regional Humanitarian Adviser (RHA) by CEG was intended to increase connectedness of the two Country Offices. Although this was originally planned for August, due to the Kalma incident this work was only begun in September as part of the RTE team.

Within Country Offices

CARE representation has been extremely effective overall in both Darfur and Chad. CARE managers are perceived as reliable sources of information and sound advice. In Chad, CARE's representation, leadership, direction and mission development were initially compromised up until July and part of August due to a prolonged Country Director transition. This has much improved since the current incumbent took up his functions and there is a great deal of support, particularly from UNHCR, regarding CARE's decision to base the Country Director in Abeche at a time when UNHCR had upgraded their own level of representation in eastern Chad.

The transition of lead role in eastern Chad from CARE France to CARE Canada was largely successful, although it would be useful for the two members to share some of the lessons learned in the spirit of institutional learning since the process did encounter some difficulties, particularly during the financial handover process. The RTE Team did observe, however, a lack of awareness

and engagement of N'djemena-based staff regarding CARE's operations in eastern Chad (and even less awareness by Abeche-based national staff about CARE's development work in Chad). A similar disconnect existed previously in Sudan, but this was being addressed by the Country Office by holding quarterly meetings involving representatives from all the Sudan field offices.

A new element for CARE in this crisis is the engagement of the CARE International Emergency Group (CEG), of which this RTE is one element. A separate lessons learned exercise is planned with CARE-USA regarding CEG involvement in Darfur in the near future.

External Coordination

In Chad, overall relations remain good with government authorities, peer agencies, and there has been a significant improvement in the partnership with UNHCR once they had significantly increased their capacity and coverage. Several CARE staff participated in the CAP workshop facilitated by OCHA. The UN system recently completed an assessment of impacted host communities and CARE was planning to engage with this process.

CARE's external relationships in South Darfur are generally good, with agencies such as OCHA viewing them as a valued partner. There was a continuous improvement in relations with GoS up until the Kalma incident, when international staff had to be evacuated to Khartoum during a two-week period and many CARE activities were suspended. The legal case against CARE Sudan staff is not yet closed, and while CARE relations with GoS remain relatively good, this incident has been used as an example by the GoS as an example of unprofessional approaches by the international community.

CROSS-CUTTING ISSUES

Gender & SGBV

Gender issues are of critical importance in a crisis characterized by large numbers of women-headed households and widespread human rights abuses and the Darfur crisis represents a prime, and unfortunate, example of this. As part of a policy review during consultations with refugee women in 2001, UNHCR described five benchmarks for themselves[22]:

- 50% of all refugee management councils, structures and/or committee will be represented by refugee women.
- Women will have direct and indirect management in food and NFI distribution.
- Refugee women will be registered individually to ensure their security, freedom, and access to material needs.
- Integrated programs to prevent and reduce violence against women.
- Sanitary materials supplied by HCR would become standard practice.

A recent gender assessment commissioned by UNHCR[23] found that none of these commitments have been met in Eastern Chad. The assessment found evidence that sexual abuse of refugee

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[22] Respect Our Rights: Partnership for Equality: Report on the Dialogue with Refugee Women, June 2001
[23] Lori Handrahan, UNHCR Consultant - Final Mission Report: Gender & SGBV Issues, June-September 2004

women is occurring in the camps, citing at least one case involving a CARE staff member that may be linked to food-for-sex[24].

CARE Chad had made progress since the first Phase of this RTE. All staff had signed a Code of Conduct provided by UNHCR and some had undergone orientation. CARE was also making significant efforts, at times in the face of some resistance, to ensure that women were represented in the camps they managed. Women refugees selected representatives as 'Adjoints Chefs' from each zone in refugee leadership councils. CARE has distributed UNFPA birthing kits, but the distribution of sanitary materials for women is not yet standard practice in the camps.

In Sudan, available evidence suggests that SGBV incidents are far more pronounced. IDP settlements were much less well-organized in comparison to refugee camps across the border and, in contrast to Chad, women interviewees showed little awareness about the existence of women's leadership structures. CARE did not have camp management responsibilities in Darfur, but they have been successful in establishing beneficiary committees for its wat/san projects that are active in planning and monitoring CARE's interventions in this sector. Other sectoral interventions by CARE have been less proactive in promoting empowerment, either because priority was given to using their capacity to maximize coverage and meet basic needs (food), delayed project start-up (health and psychosocial), or a "middle-management" logistics role (UNJLC) where there is little direct contact on a day-to-day basis with intended beneficiaries. While there is evidence that design and monitoring activities are addressing qualitative issues around gender, there was little disaggregated data available either in Darfur or Chad (though both Country Offices indicated they would be addressing this).

Gender-based studies of crisis contexts have repeatedly highlighted the positive impact of significant female representation amongst staff and appropriate orientation of field staff[25]. CARE is not alone in having relatively few women working in either mission, notably in senior management positions. At the time of the RTE mission, the only woman among the 17 international staff in Chad was the administrative officer. In Darfur, three out of a total of 13 international staff were women.

Chadian women remain under-represented among CARE Chad's team of 80 national staff. In Chad, CARE has hired 13 women for emergency operations, including cooks and housekeepers. Currently there are six female staff working as community service agents in Mile, 2 in Breidjing, and 3 in Iridimi.

Efforts by both Country Offices to recruit women have been complicated by cultural norms that limit the roles of females in the formal workforce outside of the domestic domain. As an example, after recruiting two female employees, CARE in Abeche received several letters of complaint and requests from the family members to terminate their contracts apparently because their employment upset family power dynamics. Still others profess to be unwilling to spend long periods away from home (particularly true for food distributors in Darfur due to CARE's relatively large coverage).

CARE has seen much greater success with staff drawn from refugees and IDPs. In Darfur, female IDPs are well-represented on IDP wat/san committees. In Chad, CARE has hired refugee women to fill 50% of the posts of food and NFI distribution agents, providing women with direct and indirect management in distribution and has implemented a system whereby women refugees select

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[24] The case involved a newly-recruited national staff member whose contract was subsequently terminated.

[25] See, for example, WCRWC's 2002 Independent 10-year retrospective assessment of UNHCR's Implementation of Policy on Refugee Women & Guidelines on their Protection. www.unhcr.ch

representatives to deputize the Chefs de Zone and Chefs de Block in refugee leadership councils. IDP camps in Darfur are only now becoming more organized and this area is another example where cross-visits to Chad by Darfur-based staff would be mutually beneficial.

***Recommendations (Country Offices)*:**

➢ 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.

Recommendation (ERD) – Revise the Sitrep format to promote the collection and dissemination of disaggregated beneficiary data.

Protection

Representatives of conflict-affected populations in both eastern Chad and Darfur confirmed protection as the highest humanitarian priority during focus group discussions and interviews. During the few days that the RTE team was in eastern Chad there were four reported cases of rape and three refugee men shot to death. In Darfur, there were daily reports of human rights violations.

During the first phase of the Darfur RTE in May, significant gaps in protection capacity of protection-mandated agencies (such as UNHCR) were identified on both sides of the border and international NGOs accordingly saw a need to fill gaps that would normally have been covered by agencies with specific protection mandates. CARE Country Offices were unsure how to approach protection, partly due to uncertainty as to what such a role should entail and there was even some confusion about what the term "protection" actually meant. On top of this were the risks and resource investments necessary for proactive engagement with authorities on cases involving human rights abuses, detentions, etc. or "going public" with witnessing accounts.

By October 2004, UNHCR had developed a coherent strategy along with a significantly increased its protection capacity. In Darfur, however, NGOs continue to be handicapped by what a recent study described as the United Nation's "…*apparent lack of leadership, guidance, definition and strategy for protection at Khartoum and regional level.*" The report noted that the "…*Khartoum-based protection working group (PWG) helped draft protection guidelines but is still seeking (after several months) both to define protection and to draft a protection strategy*,"[26]

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[26] OCHA Darfur Real Time Evaluation - First Working Paper For The UN Country Team. September 2004

This second phase of the RTE found that CARE Country Offices had not yet finalized protection strategies. At the same time, there was clearly a much greater awareness of relevant issues amongst senior staff and indeed CARE's protection role was widely acknowledged by external respondents (including affected communities) due to CARE's relatively large coverage and engagement in critical sectors such as camp management and social services (in Chad) and psychosocial support (in Darfur). CARE Chad was exploring a partnership with the "Reach Out Project" to build staff capacity and support the development of a protection strategy for the CO. Following the departure of the Protection Officer, CARE Sudan was looking at alternatives for supporting similar activities.

When responding to the question "what could CARE have done better", four CARE respondents suggested that the organization should develop a technical capacity in protection that could be deployed to support for similar types of complex emergencies.

> ***Recommendation (ERD):*** 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.

Chad

By September, UNHCR had significantly increased its protection capacity in eastern Chad and CARE should therefore be able to deal with protection within the "comfort zone" of international NGOs. Such a role for CARE includes applying protection principles during design and implementation of refugee camp planning, relief distributions, setting up participatory management systems and networks, identification of vulnerable individuals through community services programs, as well as projects with local communities[27].

Tense relationship between refugees and the, mainly nomadic, segment of the local population has been the main area of concern. During focus group discussions with refugee camp leaders it became clear that the main threats to refugees did not emanate from the neighboring Tama villagers, but conflicts with armed members of other semi-nomadic ethnic groups. Both the Chiefs and Women's Committees were pessimistic about their inability to resolve these conflicts themselves and looked to international agencies for protection.

Most of the recent incidents revolved around competition for natural resources, usually involving either sexual harassment or attacks on women collecting firewood outside the camp or thefts of refugee livestock by armed locals. UNHCR recently signed an MOU with the government to post gendarmes on the perimeter of each camp (1 per 1,000 refugees). While this measure is designed to improve security, there are obvious protection risks since the majority of gendarmes will be men.

Sudan

CARE Sudan faced a considerably more challenging protection environment situation due to a combination of militia activities, tense relations with the government and serious gaps in UN

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[27] The IASC Guidelines on protection offer several concrete examples of such interventions.

coordination and implementation of protection activities[28]. CARE Sudan recruited a Protection Officer to help them define how protection should inform CARE interventions and train staff. She also participated in the collective effort by humanitarian agencies to develop a protection framework and strategy for Darfur and, as a result, CARE became a leading voice in interagency protection networks. However, the RTE team found no evidence that a protection strategy nor practical guidelines for field staff had been developed and attributed this, in part, due to the pilot nature of this deployment, lack of consistent guidance from UN-mandated organizations (particularly in Darfur) and, on the other hand, due to the incumbent's increasing focus during August and September in two legal cases involving CARE staff[29].

At the same time, it is evident that field staff engaged in the wat/san and food distribution projects have been playing an important protection role, not so much as part of an explicit strategy, but rather through physical presence. Discussions with IDPs have consistently confirmed that the presence of international agencies, particularly international staff, has helped them feel more secure. CARE's early decision to spread out as widely as possible, particularly with food distribution activities, has thus proved to beneficial from a protection standpoint. Not only did this expand the international "footprint", but several external interviewees in Darfur cited CARE as an important – and reliable - source of information about locations and numbers of displaced populations.

Humanitarian agencies face particular challenges in the face of forced relocation of IDPs by GOS, as events subsequent to the RTE mission demonstrated. The RTE mission took place prior to several highly-publicized forced relocations from IDP camps around Nyala, but there was already a discernable tension surrounding the issue, aggravated by a serious lack of trust on both sides. GoS has made relocation of IDP camps a policy priority, while complaining about inexperienced international staff making unsubstantiated claims critical of the government. GoS has also repeatedly accused NGOs of only working with IDPs and refusing to work in local communities. On the other hand, international agencies point to the consistent denials of human rights abuses apparently condoned by GoS over more than a year. While the camps do afford protection to the IDPs, there seems little doubt that areas with very large concentrations of IDPs are unsustainable. IDP camps around Nyala are already virtually slums and, with Kalma alone reaching a population of over 80,000, a prolongation of this situation will inevitably result in serious problems.

It is widely acknowledged that international NGOs have an important protection role in Darfur, and CARE has successfully integrated many of the relevant principles into camp management and community services approaches (notably in promoting participatory mechanisms), yet still retain an appropriate focus on the UN and GoS fulfilling their mandated responsibilities. Potential role(s) for CARE has not been examined as fully as they should perhaps have been, partly due to the shortage of skilled international staff and lack of a deeper analysis to inform how agencies like CARE should be balancing assistance between IDPs and resident populations.

> *Recommendation (Country Offices)*: Faced with clear 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

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[28] Protection gaps were highlighted in the initial report of OCHA's Real Time Evaluation during October 2004 and the reports of the UN Special Representative from the same period.

[29] The first case was an alleged sexual harassment case against CARE by a newly-recruited female staff member, the second was the arrest and detention of four CARE staff following the Kalma incident.

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[30], ALNAP[31] and the InterAction Protection Working Group[32] (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 useful) collection of protection-related information.

Advocacy

The first phase of this RTE had discovered differences within the CARE membership as to how much public profile to give advocacy for Darfur and recommended that the ERD 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*". By June 2004, there was an increasing number of voices at senior levels within CARE that the organization should be speaking out more explicitly at a time when many political, senior UN officials and press reports were describing the situation in Darfur as genocide.   Others felt that the genocide terminology debate was distracting attention from the international community's commitment to meet immediate protection and humanitarian needs of affected populations.

There was nevertheless consensus regarding the importance of grounding CARE's advocacy on first-hand information from the field, as described in an extract from a "Talking Points" brief dated August 4th:

"We think the facts should speak for themselves. We want to point to what is happening on the ground, to the people of Darfur and to recommend what needs to happen for lives to return to normal. We have not shied away from raising our concerns about the violence and suffering, and have consistently advocated before the government of Sudan for unfettered humanitarian access and for an end to violence."

The difficulties in reaching agreement on a common approach and consequent tensions between CARE Sudan, the Lead Member and the rest of the membership were to a large extent atibutable to the complex nature of the Darfur context and sensitivities around relations with GoS. CARE was not alone in this regard and indeed, while the RTE team was in Darfur, GoS threatened two heads of large international agencies working in Darfur with expulsion.

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

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

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

Two areas were identified that this RTE felt could have helped in developing a more coherent approach early on and eased some of the frustrations. One was the lack of a common risk assessment that clearly outlined the pros and cons of different advocacy positions for the membership. The second gap arose from the turnover within the Policy and Advocacy leadership within both CARE-USA's and lack of capacity within CARE International to coordinate this area. The opening up of Darfur to the international community during July along with an improvement in advocacy leadership and coordination (including the development of a draft risk assessment produced by CARE USA in early August) contributed to an increased advocacy profile. By the time the second phase of the RTE took place in September/October, there was broad satisfaction with CARE's advocacy amongst stakeholders.

"Good practice" examples of advocacy include the work done by the Nairobi-based coalition and CARE International's UN Liaison in New York where there was constant engagement with higher levels with senior bilateral leadership and the UN Security Council.

Attribution is difficult in measuring the impact of advocacy, particularly positive impact. The fact that CARE's (and the Coalition's) viewpoints were proactively sought by senior decision-makers implies that they were influential. On the other hand, the CARE Sudan observed the waiting time for visas temporarily increase by 2-3 weeks along with additional obstacles to obtain permits for telecoms equipment after a CARE employee published an article in a U.S. newspaper with national distribution after returning from Darfur.

> ***Recommendation (ERD)***: 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 framework is attached as an Annex to this report. This should be done at an early stage of a crisis and updated as necessary.

Civil Military Relations

The civil-military situation in both countries is complex, with Darfur currently offering the greater challenge for humanitarian agencies due to the presence of various armed groups and, as recent tragic death of two SC-UK staff illustrates, risks due to unexploded ordinances (UXOs). Engagement with CARE staff with both international and national forces is limited, with much of the interaction taking place through OCHA in Sudan or UNHCR in Chad, apart from social and recreational activities for international staff that the French military and African Union (AU) contingent offer in Chad and Darfur respectively. However, it seemed likely that working interactions with the Chadian security forces would likely increase with the recent signing of the MOU by UNHCR and GoC to post gendarmes next to the camps. Neither Country Office currently has country-specific protocols to guide staff in their dealings with security forces, though both COs have been guided by relevant IASC guidelines.

The only substantive humanitarian intervention by the military so far in this crisis was during the rainy season when the French military offered logistic support to move relief goods by airlift from N'Djemena to Abeche and then on to the camps. CARE Chad chose not avail of this offer but, in view of the poor road condition during that period, UN agencies that had significant amounts of relief goods to transport did make use of the service. Those INGOs that did accept the offer decided only to rely on the French military for transportation between N'djemena and Abeche, not to the

camps. At the end of August, the French military had transported over 450 tonnes of relief items for international agencies and planned to phase out at the end of September once the condition of the roads improved. This appeared to be an example of an appropriate and strategic use of military logistics capacity to help humanitarian agencies through a difficult period that, during a pre-September 11th era, would probably have provoked little controversy.

> *Recommendation (Country Offices)*: 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 the example of Iraq.

USE OF THE RTE PHASE I Report

The majority of CARE respondents said they had found the Phase I report useful and the recommendations relevant, despite its rather superficial nature (no field visit, only 14 interviewees). With the exception of the Country Director in Chad and the ERD, who had gone through the recommendations and developed an action plan, there was no evidence that recommendations had been subject to systematic analysis or follow-up by Lead Members or Country Offices though some examples were cited of its findings feeding into presentations to senior management. Whether by accident or design, an analysis of follow-up on Phase I recommendations nevertheless indicates that relevant action has been taken on the majority of points (see Table below and also Annex 9 for a detailed status report on implementation of recommendations).

> *Recommendation (ERD):* 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.

| | Targeted Recommendations of the RTE Phase I Acted Upon? | | | |
	Yes	In process/ partially	No	Not known or too early to tell
Lead Members	4	2		2
Country Offices	3	3	1	
CI ERD	5	3	1	1

Some significant shortfalls of the current approach being used for the RTE were identified. The most significant gap in RTE Phase I was the failure to highlight the serious weakness in program support capacities in both Chad and Sudan and make specific recommendations on how to address these gaps in a timely fashion. In addition, many Country Office staff found that many of the recommendations were not sufficiently specific or timely enough.

During the second phase, the RTE Team made a conscious attempt to build "real time" feedback into the methodology so that interim conclusions and recommendations were provided in both verbal and written form to each Country Office and Lead Member at the end of the field mission. To speed up distribution of the report, it was also planned that the external team member would have dedicated time to do the necessary analysis and take on the drafting of the report.

Recommendation (Country Offices): 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 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.

Recommendation (ERD): 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.

ACKNOWLEDGEMENTS