

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 Darfur 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 operations¹⁰ regarding the importance of clarifying key reporting lines and assigning roles during the early stages of an emergency.

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](#)