

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 Darfur 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 of 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's 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.