Annex 2 - Terms of Reference
Real Time Evaluation of CARE International's Response to the Darfur Crisis
Phase II
(final ver. August 31, 2004)

I. Background

The Darfur crisis is among the most serious acute humanitarian situations the world is currently facing. Latest UN estimates[1] indicate that at least 1.2 million are IDPs in the Darfur region with another 200,000 live as refugees in neighboring Chad because of the Janjaweed attacks and the fighting between Sudanese Government forces and two rebel groups.

The overall trend observed since the first phase of CARE's Real Time Evaluation began last April has not been encouraging. While humanitarian access on the Sudanese side of the border has eased somewhat, abuses of the population have continued and the number of refugees in Chad has almost doubled over the past three months (since the first phase of the current Real Time Evaluation). This was despite a breakthrough in peace talks with Chad in early March that resulted in a humanitarian ceasefire for 45 days and raised hopes for voluntary repatriation. The humanitarian community in general is currently perceived to have been slow in responding and even now, months into the response, appears to be encountering difficulties in meeting the basic needs of affected populations.

CARE has maintained operations in both countries for a number of years, though never in the affected regions. CARE France (supported by CARE Canada) commissioned an assessment during January 2004 in Chad and CARE-USA carried out an assessment in Sudan during March. A second assessment by CARE International in Chad took place in May.

CARE Sudan's multi-sectoral project portfolio currently exceeds US$6 million, encompassing support to the UNJLC Logistics Assistance project, distribution of food and non-food items (NFI), water and sanitation, mobile health unit, psychosocial support (trauma-counselling), and humanitarian protection.

CARE Chad is an implementing partner of UNHCR and currently has camp management responsibilities for four refugee camps (Iridimi:, Mile, Bredjing, Amnabak) accommodating a total of some 165,000 Sudanese refugees[2] . Additional resources are being mobilized for community services and water sectoral activities for both refugee and host communities. Recently, the French Army offered support services to the humanitarian agencies to assist wherever voids in services may exist. They informed agencies their 3 areas of responsibilities are 1) To assist the Union African; 2) To facilitate humanitarian aid; 3) To assure the security of the area. As of the end of July the total value of funded emergency projects in eastern Chad amounted to nearly US$1.2 million, with a similar sum tentatively in the pipeline.

II. RTE Purpose and Objectives

CARE International (CI) has selected the Real Time Evaluation (RTE) methodology to promote quality and learning in its humanitarian programs in a timely fashion, while also supporting institutional learning. A RTE typically involves two to three monitoring "events" in the wake of a humanitarian crisis; the first is at the inception phase, again within 6 weeks to

[1] UN Press Release dated August 23, 2004

[2] According to CARE Sitrep 14 covering the period July 24-31

2 months, and then again sometime afterwards, depending on how quickly the context changes and/or when there is a felt need for further review. It is an evaluative study done in real time with timely feedback to support organizational learning and provide an opportunity for systematic program review. OCHA has recently commissioned their own Real Time Evaluation, which offers an opportunity to complement CARE's study with a "macro" perspective.

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

a) Relevance, connectedness and structure of the various CARE members involved in the response, Lead Members, other CI members, ECARMU, ERWG, relevant Country Offices in supporting attainment of emergency programme objectives;

b) Effectiveness (including timeliness) and efficiency of the mode of implementation, and the appropriateness and application of operational guidelines and policies (including evidence of "good practice" such as contingency planning); and,

c) Positioning of CARE in terms of advocacy;

The purposes of the evaluation are to provide:

a) Identify examples of good practice;

b) Recommendations for improving program quality and increased accountability; and

c) Recommendations for improving management and coordination.

Specific questions to be addressed during this RTE include:

a) **Timeliness of Response** - The Darfur crisis has been progressively increasing in severity over the past year and yet there is now a consensus that the international humanitarian community as a whole was slow in responding and even today, months into the response, is not meeting the basic needs of the affected population. What are the reasons for this from CARE's perspective?

b) **Humanitarian Protection** – a significant gap in institutional knowledge and experience within CARE International was highlighted during the first phase of the RTE in May 2004, since which time CARE Sudan has built up a protection capacity. In Chad, UNHCR's protection capacity reportedly remains weak. This second phase of the RTE will examine further CARE's role in providing protection to the affected populations, for example, what should an agency like CARE do in the face of forced relocation of IDPs in Darfur?

c) **Human Resources & Staff Development** - Is the current level and standard of staffing appropriate? What could be done to accelerate the understanding of newly-recruited staff regarding CARE's response strategy and our core values? What is CARE staff awareness and understanding of the Code of Conduct and Sexual Exploitation policies? How should national staff development be supported during such a crisis?

d) **Conflict resolution** - To what extent is CARE mitigating the humanitarian situation as opposed to only reacting to it? Does it make sense to initiate peace education and/or conflict mitigation activities at this relatively early stage?

e) **Relations with international military forces** – humanitarian intervention in Chad by the French military and the deployment of international peacekeeping forces in Darfur has introduced a new element into this crisis. Are CARE staff and partners employing rules of engagement to ensure a coherent and appropriate interface with military forces?

f) **CIEPRU Role -** how can CI Emergency Response Capacity EPRU most effectively support CARE operations in a protracted crisis of this nature? What are the lessons-learned from this experience that can inform a decision-making protocol for CARE International to improve coherence and efficiency in responding to emergencies?

g) **Coherence of CARE strategies and operations** - CARE's presence on both sides of the Sudan/Chad side of the border should be an asset, provided there is a coordinated and coherent approach on both sides. Are existing communication and management systems adequate?

h) **Follow-up to Phase 1 of the RTE** – the first phase of the RTE was executed with minimal resources and without a visit to the field. To what extent were the findings relevant and useful? How could the process be improved both during the current review and for other emergencies?

IV. Schedule of Activities

A RTE normally consists of two to three phases. In this second phase, the planned schedule is as follows:

• Interviews (Lead Members, CI) & Preparation	mid September 2004
• Field Mission – Chad	Sept. 20-30, 2004
• Field Mission – Sudan	Oct. 2-12, 2004
• Follow-up Interviews	mid-October 2004
• Circulation of Draft Report - Phase II	late October 2004
• Final Report – Phase II	mid November 2004
• Stakeholder review of recommendations	November/December 2004
• Stakeholder Plans of Action circulated	January 2005

V. Methodology

a) **Approach**: the RTE methodology will be based on a combination of a desk review of relevant literature, field observation, as well as key informant interviews or focus group discussions with the selected CARE staff in the field, HQs and the RMU as well as key external stakeholders (UNHCR, NGOs, government officials, members of the affected population and host communities). The RTE Team will take appropriate steps to ensure that the security and dignity of affected populations is not compromised and that disruption to on-going humanitarian operations is minimized.

b) **Confidentiality of information** - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their permission.

c) **Communication of Results** – Consistent with the real time nature of this evaluation, the report will be supplemented whenever possible by presentation of preliminary findings for key stakeholders to both provide immediate feedback to operations managers and give the RTE Team an opportunity to validate findings.

d) **Report**: conclusions and recommendations will be concise and practical in nature (no more than 8-12 pages plus annexes), emphasizing both immediate feedback to operational managers and replicable lessons to inform future emergency responses. CARE interviewees will be given an opportunity to comment on the draft reports prior to posting on CARE intranet sites. While the RTE Team will retain responsibility for drafting and editing the report, both Country Offices will have the option of making a written response, which will be attached as an annex to the final report. Once finalized, the report will be posted on CARE website(s).

The report will be structured as follows:

i. Introduction – Brief description of the context of CARE operations and the objectives of the RTE
ii. RTE Methodology
iii. Main findings, supported as appropriate by data and relevant analysis
iv. Recommendations, categorized according to target group (e.g. CARE Country Office, ECARMU, CARE International)
v. Lessons learned from use of RTE as a learning and accountability tool for the Darfur crisis operation. This will be helpful in determining how the RTE methodology can best be institutionalized within CARE.
vi. Annexes (TOR, Maps, List of Interviewees, etc.)

VI. RTE Team Composition

The RTE will be supervised by Jock M. Baker, in his capacity as CARE International Coordinator for Quality, Accountability, and Standards. Other team members include the CARE International Regional Humanitarian Adviser and (in Chad) an M&E specialist designated by CARE Canada. The RTE Team will report to the CI Secretary General although, consistent with the independent nature of this review, he will not exercise any editorial control over the contents of the report apart from ensuring the quality of the final product.

VII. Use of RTE Results

As noted above, this RTE will make recommendations targeted at specific levels within CARE (e.g. Country Office, Lead Member, CIEPRU, RMU) with the aim of ultimately improving the quality of CARE's response to the Darfur crisis. Those so targeted are expected to each outline a plan of action based on the evaluation report and its findings. It is anticipated that the report's findings and recommendations will also contribute to the ongoing discussions regarding implementation of Strategic Direction 2 of CARE International's Strategic Plan.