

# **SERVICE DELIVERY IN A DIFFICULT ENVIRONMENT: THE CHILD-FRIENDLY COMMUNITY INITIATIVE IN SUDAN**

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This report sets out the main findings and conclusions of a study of the UNICEF-sponsored Child-Friendly Community Initiative (CFCI) in Sudan. It examines the effectiveness of an integrated, multi-sectoral and community-driven approach for the delivery of basic services to poor and vulnerable people in a conflict-affected country. It is the product of a joint Sudan Unit (Khartoum), DFID Sudan and Policy Division (London) field trip to Kassala and Gedaref, two states in eastern Sudan. The report should be of use to sectoral advisers and programme managers who are working to develop programmes in conflict affected areas.

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## **List of Acronyms**

CDC	Community Development Committee
CFCI	Child-Friendly Community Initiative
CFVI	Child-Friendly Village Initiative
DRF	Drug Revolving Fund
GOS	Government of Sudan
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IRC	International Rescue Committee
IRW	Islamic Relief Worldwide
JAM	Joint Assessment Mission
MIC	Ministry of International Cooperation
MICS	Multiple-Indicator Cluster Survey
NFSS	National Fund for States' Support
NGO	Non-Governmental Organization
PPA	Project Plan of Action
SPLM	Sudan's People Liberation Movement
UNICEF	United Nations Children's Fund
WES	Water, Environment and Sanitation

## Executive Summary

The purpose of this case study is to learn lessons from the UNICEF-sponsored Child-Friendly Community Initiative (CFCI) in Sudan. It examines the effectiveness of an integrated, multi-sectoral and community-driven approach for the delivery of basic services to poor and vulnerable people in a conflict-affected country. It is the product of a joint Sudan Unit (Khartoum), DFID Sudan and Policy Division (London) field trip to Kassala and Gedaref, two states in eastern Sudan. The lessons explored here are intended to contribute to DFID Sudan's efforts to work on pro-poor service delivery in the country, and to deepen Policy Division's understanding of how to work effectively on social service interventions in difficult environments.

The CFCI approach was initiated in 2002 and is scheduled to complete its work in 2006. CFCI is a key component of UNICEF's Master Plan of Operation in Sudan. CFCI has identified the most vulnerable states, Localities and communities on the basis of surveys; provided training to maximise community participation; and worked with government structures to coordinate and implement service intervention packages at the community level.

This case study describes the *most innovative characteristics* of the CFCI approach, notably:

- **The CFCI model is based on a thorough understanding of context**, and is embedded in Sudan's institutional setting. CFCI provides services through the available providers in a given community, be it the state or regional authorities, the communities themselves (with support from UNICEF) or non-state actors.
- The most notable achievement of the CFCI approach so far has been the level of capacity building **both at the community and at the regional government levels. In both cases this has increased the demand for service delivery.**
- **The CFCI is a pragmatic model for service delivery, institutional capacity building and community empowerment**, Although it ultimately pursues the achievement of children's rights, it does not espouse a fundamentally human rights approach. Rather it is a mixed and flexible model operating under a rights framework.
- **CFCI has successfully advocated linking poverty reduction and service delivery** through the use of baseline surveys at the federal and state levels. CFCI has supported service delivery in the poorest states, and in so doing, has been able to gradually engage with the GoS on intergovernmental transfers and the allocation system of the National Fund for States' Support. Thus, CFCI has played a redistributive function, particularly from relatively rich urban centres to rural villages with little infrastructure.
- **CFCI has established partnerships with lower levels of government that may be more pro-poor than central government.** The way that

CFCI 'fits' within these institutions is very appropriate to the current context in Sudan, where 'willingness' and/or 'commitment' to poverty reduction is weaker at federal level. The CFCI programme has focused on "strong" willingness at regional government level, even where technical and administrative capacity is weak.

In addition to the way CFCI works on the ground, this paper discusses the *implications for donor programming in a difficult environment* – both in pro-poor service delivery and longer-term institutional development:

- **The CFCI approach shows that where public institutions exist, these can be tapped into to provide service delivery.** It emphasizes the importance of establishing strategic partnerships with government institutions that are committed to the poverty reduction agenda.
- **CFCI shows it can be done (in a relatively small scale) without NGOs.** CFCI has tapped into the available resources at the various levels to deliver with minimum administrative cost. This is a model where non-state actors have not played a role in terms of filling a human resource gap. CFCI shows that it can successfully be done in the following conditions: a) relatively small coverage, b) compact package of basic services for which the State has the responsibility, c) low starting point in terms of access to services, d) political buy-in at top level and willingness to back it up with existing systems and staff.
- **It shows the advantages of using an approach that strengthens areas where reform is already taking place or where its clear that government is open to reform** – CFCI is working to strengthen the regional and local level in a context where decentralization reforms are starting to take place.
- **Opportunity to identify additional entry points.** The CFCI model provides an opportunity to deepen understanding of service delivery, decentralisation and the relationship between communities and government in Sudan. It also provides a good locus to deepen partnerships with other donors, including UNICEF, and NGOs and could potentially play a coordinating role as a mechanism to best support community recovery through integrated services.
- **Limitations.** But donors also need to be realistic about the extent to which a relatively small and very targeted programme like CFCI can act as a catalyst for wider change at government level. Donors can play a role in this by supporting this type of approach and using it to show the government what it has already achieved through it. But other processes (JAMs, donor alignment and influencing of the Poverty Eradication Strategy) will be necessary at the federal level.

In looking at a possible future *scaling up* of this programme, this case study has identified the following as key:

- **Donor support is possible even in uncertain and/or severely constrained political situations.** CFCI shows the possibility and desirability of donor support to scale up a small programme that clearly has some political support in country. Government financing, even in relatively small sums, signals - especially in such a difficult environment - a key entry point for further donor engagement. If CFCI was scaled up, it could create mobilisation for pro-poor policy, which is especially important to develop a participatory approach to poverty reduction strategies.
- **Long-term sustainability of community-driven service delivery will require:** a) reforming the allocation and budgeting system for decentralised service provision (better funding), and b) improving delivery systems and coverage (accessible better services).
- **In scaling up, NGOs and non-state service providers have a key role to play.** If CFCI expands or goes to scale in future, the current service gap in health, education and water and sanitation will need to be filled. Given levels of vulnerability, it is unlikely this gap can be filled by trained community workers or by extended mobile services. The role of NGOs and other non-state actors will be crucial.

## I. Introduction

This case study is intended to inform the work of the Sudan Unit in Khartoum, DFID Sudan office and the ongoing work in Policy Division on service delivery in difficult environments. The case study examines the effectiveness of the CFCI approach in Sudan's context. Effectiveness means the ability to impact on poor people with respect to access and inclusion, and also to build sustainable service delivery structures. The terms of reference for the joint mission on which this case study is based are included in Annex 1. This report aims to go beyond a description or review of CFCI; it attempts to draw lessons for donors on service delivery in fragile states. This case study also tests whether our current theory of difficult environments<sup>1</sup> is useful.

Fragile States, also known as difficult environments, are defined as States that lack the capacity and/or the political will to use international and external resources for poverty reduction<sup>2</sup>. Conflict-affected environments, like Sudan, are an important sub-set of such countries and often feature both weak capacity and willingness to promote development outcomes. Service delivery generally refers to the relationships between policy-makers, providers and poor people with regards to social services (education and health), infrastructure (water and sanitation, roads) and services that promote personal safety (police, justice)<sup>3</sup>. The CFCI programme covers basic services with a particular focus on those that affect children and women such as school rehabilitation or construction, classroom furniture, teaching and learning materials, construction of latrines and safe water facilities, immunisations and basic health care.

The case study is based on a joint DFID-UNICEF field mission that took place on November 1-6, 2004. The mission was composed of an education adviser (DFID Sudan office), a governance adviser (Policy Division) and an administrator (Joint DFID-FCO Sudan Unit in Khartoum) as well as a CFCI programme officer from UNICEF Khartoum. The team conducted a series of interviews with personnel from the federal government in Khartoum, the state governments in Kassala and Gedaref, the local government in Choka (Gedaref), and four different communities, including two that are not part of the CFCI project. A complete list of those consulted is included in Annex 2 and an indicative questionnaire is attached in Annex 3.

The short time the team spent in the country inevitably limits the depth and coverage of the findings. However, this analysis also draws upon a recently carried out mid-term evaluation of the CFCI approach<sup>4</sup>. After less than two years of actual field implementation, the evaluation – carried out in 8 of the

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<sup>1</sup> As developed by Policy Division's Poverty Reduction in Difficult Environments team.

<sup>2</sup> Moreno-Torres and Anderson (2004), *Fragile States: Defining Difficult Environments for Poverty Reduction*. PRDE Working Paper 1.

<sup>3</sup> Berry, Forder, Sultan and Moreno-Torres (2004), *Approaches to Improving the Delivery of Social Services in Difficult Environments*. PRDE Working Paper 3.

<sup>4</sup> Report of the Mid-Term Evaluation of the Child-Friendly Community Initiative (CFCI). Submitted to UNICEF Sudan by Barbara Parker, 24 October 2004.

programme's 16 states – is a fairly detailed appraisal of the approach in terms of its appropriateness and sustainability, and includes recommendations for its improvement to 2006.

In spite of being Africa's largest country with a fair share of natural resources, Sudan remains a very poor country<sup>5</sup>. A comprehensive peace process is in place since 2002 between the Government of Sudan (GoS) and the Sudan's People Liberation Movement (SPLM) but no formal peace agreement has been signed yet. This stalling, coupled with Darfur's severe humanitarian and political conflict, make it difficult for donors to re-establish and re-start development work as it tends to be overshadowed by relief concerns. In the northern GoS-controlled areas, the lack of domestic resources for development in addition to high levels of debt have shrunk the planning and resource management systems. Nonetheless, northern Sudan has administrative capacity by comparison to Southern Sudan, where State structures have been lacking for decades. Indeed, inequality and regional disparity in access to resources and basic services has been a contributing factor to the conflict in Sudan. Against this backdrop, CFCI can be seen as a successful programme that delivers services to the poorest communities whilst on the one hand, promoting community participation and, on the other, getting political buy-in and financial contributions from all levels of government.

The UK's Country Engagement Plan sets out four objectives in Sudan: humanitarian/recovery, security/peace building, governance, and pro-poor policies/debt relief. A large proportion of funding is set aside for delivery of basic services to support recovery. DFID is actively looking at ways to channel funds through other donors for this work.

The CFCI case provides very valuable insights to answer the key question of how far, and under which conditions, donor support to service delivery in difficult environments can improve and strengthen: a) poor people's access to services, and b) State responsibility for pro-poor service delivery, both in terms of policies and institutional capacity. Based on the typology of fragile States developed by DFID's Policy Division, Sudan as a whole could be considered as a weak capacity-weak willingness country, even if government capacity exists at present in GoS areas. Either way, the CFCI experience shows that where institutional systems exist, these can be tapped into to provide service delivery.

Although the last two sections examine how to develop and maintain service delivery in a protracted crisis, such as Sudan's, the issues raised should be taken into consideration within the wider political context in which development agencies are working. Unless a peace agreement is signed and human rights are protected, it will be difficult to advance development in Sudan. It is therefore crucial that the international community continues focusing its efforts to bringing about peace in Africa's longest running conflict. However, as this case study will make clear, service delivery interventions

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<sup>5</sup> Sudan ranks 139 out of 177 in the UNDP Human Development Index 2004 report.

such as CFCI can help not just community recovery across widely different contexts, but also create demand from communities and local governments alike for development and peace.

## **II. Background: the Child-Friendly Community Initiative**

This section briefly describes the design features of the CFCI approach, with a particular focus on the objectives and the institutional set-up.

### **A. Project description**

The Child Friendly Community Initiative (CFCI) is an integrated, cross-sectoral and community-based approach to achieving sustainable improvements in the lives of rural children and women. The CFCI also seeks to promote a rights-based approach through advocacy and by strengthening the public services that benefit children. CFCI is a key component of UNICEF's 2002-2006 Master Plan of Operation in Sudan, characterised by a stronger but more limited geographic and programmatic focus. The CFCI expands and builds upon the successes of the Child Friendly Village Initiative (CFVI), which was launched by UNICEF and the GOS in 1993. But it improves on it by identifying the most vulnerable states, Localities and communities on the basis of key indicators measured by two surveys, the Multiple Indicator Cluster Survey (MICS 2000) and Safe Motherhood Survey (1999). CFVI selected communities based on demand, which meant the poorest, most vulnerable were often left out. CFCI has improved on this by introducing selection based on basic welfare indicators.

### **B. Strategies and objectives**

The main goals of the CFCI approach are coordination in service delivery, capacity building, community mobilization and advocacy.

- *Service delivery.* CFCI is responsible for coordinating UNICEF's sectoral programme interventions in the selected communities, while sectoral programmes (both within UNICEF as well as government) are responsible for providing the inputs through normal channels.
- *Community empowerment.* CFCI provides all the inputs required for the social mobilisation, capacity building, and monitoring and evaluation activities at community level through the State Co-ordination Unit. The Unit also oversees the establishment of linkages between communities and responsible government authorities on services, although the extent to which this has been done varies by state and sector.
- *Capacity building.* Government structures at the state and Locality levels are trained in participatory planning, monitoring and evaluation, communication and community management, and also receive technical training for specific sectoral programmes.

- *Advocacy.* CFCI is also tasked with advocating at the central and state level for the adoption of policies, legislation and implementation mechanisms for better service delivery.

Its aim is to organize communities to identify high-priority problems that affect children and women, and then to build community members' capacity to plan, implement and monitor a local development initiative that will address these problems.

**Table 1: CFCI Output Objectives**

- *Objective 1:* Ensure the formation, legalization, training and functioning of the selected 354 Community Development Committees (CDCS) in the 9 focus states and 3 accessible areas in the southern states.
- *Objective 2:* Ensure that by 2003, at least 25% of CFCI selected communities have improved on four key indicators: full immunization coverage of 1-year-old children, skilled birth attendants at deliveries, primary school enrolment ratio and access to safe drinking water.
- *Objective 3:* By 2006 at least 90% of CFCI communities have effective structures to plan, manage and sustain social services.

### C. Selection and coverage

Based on the two surveys mentioned earlier, the nine most highly vulnerable states were selected for inclusion in the program. In addition, CFCI selected three GoS-controlled areas of southern Sudan<sup>6</sup>. After the target states were selected, surveys were carried out by UNICEF CFCI at the state and Locality levels to identify the most vulnerable Localities and communities within those states. Particularly in former conflict areas, priority was given to communities that are expecting the return of displaced populations, and to communities wherein interventions have the potential to foster child rights building and peace building.

Although 2328 communities were identified as most vulnerable (or 37% of all communities), CFCI did not possess sufficient resources to cover all of them. Instead, 354 (or 15%) of the most vulnerable communities were included in Phase I of operations (2002-2003) and an additional 49 new ones have been included during 2004. All the new communities are potential returnee areas in the south of the country, or in Blue Nile and West Kordofan states. Overall, CFCI reaches 5% of the total population in the north and 21% of the total vulnerable population.

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<sup>6</sup> The twelve focus States identified by CFCI are the following: in the North, South Kordofan, North Kordofan, West Kordofan, North Darfur, South Darfur, West Darfur, El Gedaref, Kassala and Blue Nile. In the south, Upper Nile, Bahr El Jebel, West Bahr El Ghazal. See Annex 3 for a map and complete listing of coverage.

D. Graduation from CFCI

CFCI is expected to continue operations until 2006, although this may be revisited as part of the mid-term review with the GoS. In the meantime, the approach also has an 'exit strategy' for communities based on achievement of minimum objectives. When a set of indicators is achieved in a CFCI community (see table 2), it is designated as a Child Friendly Community. It is then ready to graduate from the program and begin carrying out local development activities and projects independently, or with only minimal support from the CFCI Coordination Unit but with continued support from technical Ministries and departments.

**Table 2: Indicators for graduation out of CFCI status**

1. Reach and sustain immunization levels of 85% or more for children under one year of age, and 80% or more of women of childbearing age.
2. All deliveries are attended by a trained health worker.
3. At least 80% of school aged children are enrolled in Basic Education.
4. The school drop out rate is reduced to 25% or less.
5. All villagers have access to safe drinking water.
6. More than 50% of households and 100% of schools have latrines.
7. Sustainable structures for local planning, implementation and monitoring are established.
8. All villagers are aware of children's rights.

However, as yet no community has graduated, which is unsurprising given these are the most vulnerable villages in northern Sudan. Although one of the initiative's objectives and one of the above indicators introduces the need for sustainability, it is still unclear to what extent a withdrawal from CFCI would have a negative effect on the level of service output after graduation or after operations close down in 2006.

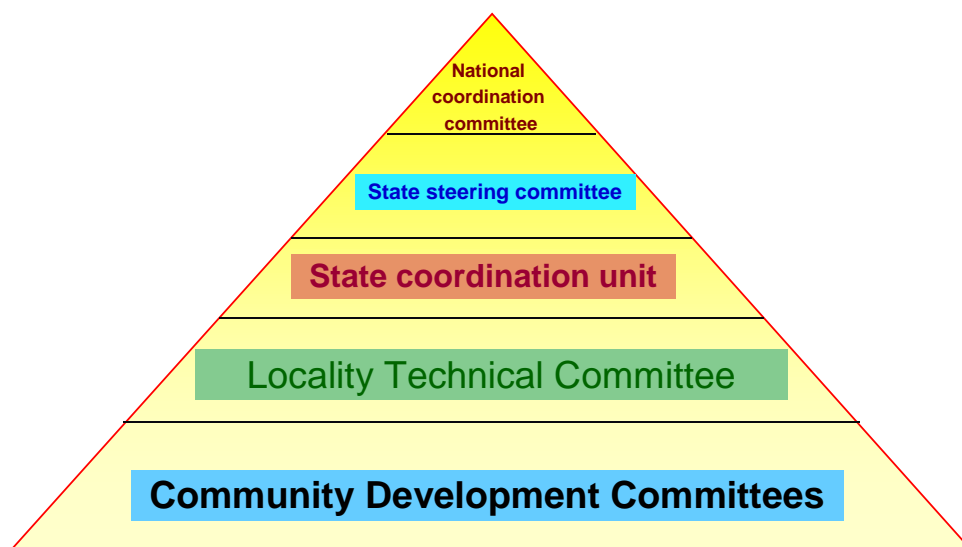
E. Who is who: decision-makers, providers, and poor people

As illustrated in Figure 1, the CFCI is a collaboration between UNICEF, the Ministry of International Cooperation (MIC), the National Fund for States' Support, pertinent line ministries (including the Ministry of Finance, Ministry of Health, Ministry of Education, and Ministry of Engineering and Urban Utilities), the state governments, and local communities. The ultimate effectiveness and sustainability of the CFCI approach depends on the engagement of all levels. The following paragraphs describe the role of each actor in the overall CFCI model (also see figure 1), as well as their degree of buy-in to the programme, based on findings from the Mid-Term Review and field visit interviews.

*National level:* Although CFCI is primarily a collaboration between UNICEF and the state-level Ministries, planning, funding and oversight are provided to CFCI at the national level by UNICEF, the Ministry of International

Cooperation (MIC) and the National Fund for States' Support (NFSS)<sup>7</sup>. Each state develops its own plan with attached budget, and forwards it to UNICEF. UNICEF reviews the plan for consistency with CFCI's annual Project Plan of Action and budget ceiling, and then sends it to MIC for approval. MIC then sends the approved plan and budget to the NFSS for disbursement to the state. The funds are released in tranches, depending upon successful completion of the activities supported by the previous tranche. Buy-in for the CFCI approach has been the most uneven at this level, with the NFSS the most supportive and some line ministries (such as education) less so. The federal level includes policy-makers (for instance MIC), as well as providers (Ministry of Health).

**Figure 1: CFCI institutional set-up**



*State Level:* At the level of the state, CFCI activities are the responsibility of the Ministry of Finance (particularly the Dept. of Planning), the CFCI Coordination Unit and the state line ministries (Health, Education, Engineering, Social and Cultural Affairs). A Steering Committee provides oversight and guidance to the CFCI Coordination Unit. The CFCI Coordination Unit, made up of seconded staff from State line ministries, is responsible for establishing the program at the community level, for linking it with the state level Ministries, and for ensuring that all sectoral activities are fully integrated. They visit the target communities on a regular basis (usually twice monthly although less often in inaccessible areas) to offer support and technical assistance with day-to-day implementation. State governments appear to provide the highest support and ownership to CFCI across the board. This level also includes providers (State Ministry of Education), as well as policy-makers (role of the Coordination Unit in facilitating prioritisation of PPAs).

<sup>7</sup> The primary task of the NFSS is to distribute federal funds to Sudan's 26 states for development purposes, and to address and resolve regional disparities in distribution.

*Locality (local government):* The original plan of CFCI called for an additional Locality Technical Committee to be chaired by the director of the Locality, but this has seldom happened due to the incomplete decentralisation process in Sudan (see section IV.A for a detailed discussion). In only very few cases (the team only heard of one in Gedaref) has the Locality played a provider role in education (through payment of teacher salaries).

*The Community Level:* At this level, the Community Development Committee is selected by the villagers to comprise four men, four women, a male youth and a female youth. In addition to the 10 CDC members, each CDC has a number of attached subcommittees. These include the women's, youths, health, education, and water, environment and sanitation subcommittees. Each subcommittee has a chairperson and is responsible for organizing and carrying out activities related to its sector or mandate. The community is the main client or user of services.

*Other CFCI partners:* CFCI has not developed common organizational structures with NGOs or INGOs. Nevertheless, the mid-term review points to a few cases of fruitful collaboration. For example, in Blue Nile State, UNICEF has signed a formal agreement with Islamic Relief Worldwide (IRW) to cooperate on improving primary education services. During the team's visit, the Coordination Units of both Gedaref and Kassala highlighted the importance of establishing new partnerships with NGOs and donors for implementation of the community plans. UNICEF is now looking to establish partnerships with WFP and UNDP, as well as bilateral donors.

#### F How is CFCI funded?

The National Fund for State Support is tasked with the disbursement of funds to CFCI State Coordination Units, prior approval by the Ministry for International Cooperation based on proposed state CFCI budgets. CFCI's ability to carry out planned activities is dependent upon the capacity and willingness of all partners to meet their financial obligations in terms of their agreed contribution to CFCI. In this respect, the leverage of resources can be seen as a proxy for political commitment to development in the rural, most vulnerable areas of Sudan. At the state and community levels, many of these contributions are made in kind (salaries, labour) rather than in cash. Below is a table with 2003 and 2004, including monetary estimations of in-kind contributions<sup>8</sup>:

**Table 3: Financial contributions to CFCI**

Financial contributions in 1,000 USD	2003		2004	
	Planned	Actual	Planned	Actual (up to June 2004)
<b>Federal contribution</b>	39,230	20,393 (52%)	50,769	34,705 (68%)

<sup>8</sup> For a more detailed discussion of financial contributions please see UNICEF's Mid-Term Review, p. 42- 47.

<b>UNICEF contribution*</b>	96,348	54,498 (57%)	118,848	57,020 (48%)
<b>State contribution</b>	64,708	38,020 (59%)	47,342	32,067 (67%)
<b>Locality contribution</b>	14,150	10,700 (76%)	142,042	82,300 (58%)
<b>Community contribution</b>	30,053	28,874 (96%)	21,816	19,228 (88%)

\* Note that this does not include significant contributions to salaries and sectoral activities supported by UNICEF in CFCI communities.

As the figures above show, the federal contribution to CFCI was not met fully in any CFCI focus state during 2003. According to the mid-term evaluation, these shortfalls are a reflection of the fact that the CFCI concept and approach were not well understood and internalised in the early stages of the program. The figures for 2004 (up until June), however, show significant improvement. A total of 68% of the planned amount was provided, and a full 100% of the planned federal contribution was received in four focus states. The total percentages of the planned contributions that were provided by the states were 59% for 2003 and 67% for 2004. The strong contribution of communities to CFCI is one of the more encouraging aspects of the initiative. Overall, 96% of the planned contribution from communities was realized in 2003, and 88% was provided in the first half of 2004. The contribution made by the Localities to CFCI is the lowest of any level. UNICEF's core funding was low compared to its planned contribution, which was contingent upon contributions from outside donors which were not forthcoming. During 2004, this may be explained by the fact that donor attention has turned to the emergency response programs in the Darfur region. UNICEF has provided significant financial contributions through the salaries of its UNICEF CFCI staff and inputs to sectoral activities (like drug kits and school materials). The sectoral activities in CFCI villages are the responsibility of the respective programmes within UNICEF, and so expenditures on these activities do not appear in the CFCI budget.

In every year, half or more of expenditures have been devoted to building the skills and capabilities of communities to carry out child-friendly projects. Capacity building for CFCI Coordination Units accounted for 15-20%, monitoring and evaluation another 15-20% with the rest spent on promoting community awareness and advocacy.

### III. Analysis of CFCI

This section describes the main achievements of the programme to date in terms of its stated goals (see previous section), notably: service delivery, capacity building, community mobilisation and advocacy.

#### A. Service delivery achievements

An evaluation of CFCI is beyond the scope of this paper, however Table 4 provides an indication of the CFCI achievements to date.

The first year of the program was spent on the community selection programme, which included both surveys and negotiations with local officials. So far, plans of action have been partially funded according to implementation capacity. The State Coordination Unit in Kassala informed us that so far 50%-60% of targets for the 30 communities in the states had been achieved. Most of these are related to the training of CDCs and sub-committees. Out of a total of 990 members, about 500 had been trained, including 120 specifically on sector activities such as how to set up Drug Revolving Funds<sup>9</sup>.

Overall, the extent to which the project's sectoral activities have met the stated objective 2 (see table 1) varies by sector and indicator. In general terms, endorsement and outcomes of CFCI has been strongest in the basic education sector. For example, the objective of improving primary school enrolment depends upon the establishment of classrooms, the availability of teachers, the provision of books and other materials, and the mobilization of community members with school-aged children. CFCI has been able to contribute to most of these activities, either through its education programmes (for instance by providing school materials), by supporting government capacity building (through the organisation of training for teachers), by advocating to the federal level for additional staff and by raising awareness amongst parents on the need to send their children to school. Thus CFCI has been successful at addressing, to different extents in different settings, both supply and demand for education.

In other sectors, the relationship between the objective and the activities required to reach them was less dependent on CFCI inputs. The Ministry of Health tends to provide services in a top-down approach, with unequal impact across states. For example, the strategy for achieving improvements in full immunization rates is less clear and comprehensive. Immunization is a national program that is being implemented in CFCI as well as other villages. The only added value provided by CFCI is to mobilize communities to request and seek immunization services from the government. This has meant CFCI communities have been prioritised by the Ministry of Health at the federal and state levels. But where the central authorities have been unable to deliver, the role of the State Coordination Unit has turned to managing unmet community expectations.

Progress on delivery of essential services has been affected by poor infrastructure and limited technical capacity to expand existing networks. Given CFCI villages are, by definition, often in remote areas, this has been a particular challenge. For instance, improvements in water and sanitation have been limited in the eastern states (including Kassala, Gedaref and Port Sudan), as state authorities have to share one single well drill. Even in non-

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<sup>9</sup> Drug revolving funds are supplied with an initial stock by UNICEF, but it is replenished through user fees paid by patients at the community's health unit. In some communities, the stock has been replaced as many as four times. Overall, this activity shows a high potential for improving child health in CFCI communities, through the provision of essential medicines as well as the use of any 'profits' to upgrade existing facilities, as in the case of the Gedaref community the team visited.

CFCI communities, setting up new services, such as a health centre, or scaling up existing ones, such as the school, have been hampered by the lack of an asphalt road. In the non-CFCI community visited in Kassala only two kilometres separated the village from the end of the road leading to the state capital. But these two kilometres become impassable during the rainy season and effectively cut off the community. CFCI achievements need to be put in the context of the wider service delivery challenges, both to all government levels and to non-state actors, which include poor infrastructure, shortage of front-line providers and uneven distribution of public resources.

**Table 5: CFCI Achievements to date<sup>10</sup>**

*Under Objective 1*

- ❖ 437 CFCI Coordination Units' staff acquired skills to facilitate community training & mobilisation.
- ❖ Community were able to develop annual work plans in 277 CFCI communities out of 354 communities (78%)
- ❖ CDCs in 277 CFCs (78%) conducted community general meetings and submitted regular monthly reports
- ❖ CDCs in 277 CFCs become capable in managing community basic social services (examples: Drug revolving fund, water tariff, regular schooling, community centres ...etc)
- ❖ Promotion of women & child participation: 327 CFCs out of 354 (92%) have representation of women and children; 60% of them have active women and children participation

*Under Objective 2*

- ❖ Increased access to immunization by 25-30% in 118 CFCI communities.
- ❖ Fifty-five (55%) of under five children in 98 CFCI communities have access to integrated "Minimum Care" packages of essential health and nutrition interventions.
- ❖ 110 village midwives trained & equipped with midwifery kits to provide safe & clean delivery assistance to more than 440,000 population of women of child bearing age in 110 CFCs.
- ❖ Thirty-five (35) CFCI communities previously with no school were able to have the first intake of primary 752 pupils.
- ❖ Enrolment in basic education increased by 15-20% and drop out reduced by 3-5% in 245 CFCI communities as a result of improved school environment.
- ❖ An additional of more than 250,000 women and children in 245 CFCI communities have access to improved water supply facilities as a result of provision of 62 new & rehabilitation of 282 bore well hand pumps.

**B. Capacity building**

The most notable achievement of the CFCI approach so far has been the level of capacity building both at the community and at the state government levels. This section looks at government capacity building; next section will cover community training and mobilisation. As mentioned above, most of the

<sup>10</sup> Source: UNICEF Khartoum

expenditures so far have been spent training both state government staff as well as Community Development Committees in planning, resource allocation, implementation, information management, and evaluation. Additionally, CFCI Coordination Unit staff has received technical training for specific sectoral programmes.

However, CFCI is not intended to be a substitute for line ministries. Capacity building needs to strengthen the linkage between staff at the state or regional level and line ministries. During the field visit, several views seem to imply that this is dependent on level of funding and the importance of the state to Khartoum. An additional challenge is the high turnover of technically good staff who leave to work for NGOs in Darfur. A key staff group to be trained is planning staff, both at state and central levels. In Kassala, 25 members of the State Coordination Unit had been trained in participatory planning, M+E, and facilitators for training. Additionally 7 had received specific training in communication and social mobilisation and felt this had increased the effectiveness of their outreach work when visiting the communities.

The CFCI database has also provided a foundation for staff in state governments to plan and analyse development needs. This was stressed as a very positive outcome of CFCI in both states visited. The community selection was complex and time-consuming but UNICEF's decision to negotiate with the various government levels sought to build support for the approach. It also built capacity, particularly at the state level, for data collection and analysis, which in many cases is not limited to CFCI communities (given geographical distances and proximity of CFCI and non-CFCI villages).

Field interviews highlighted the following as the right conditions for capacity building at state level: a) buy-in to the approach, particularly to building the demand-side of service delivery, b) a willingness for the State Steering Committee to re-assign staff and resources for the CFCI programme, c) strong supervision and monitoring from State Steering Committees (in the worst-performing states, the Steering Committees were weak, met seldom or were not functioning).

### C. *Community empowerment and inclusion*

According to the Mid-Term Evaluation and our field observation, Community Development Committees in most sites have achieved broad participation and "ownership" of CFCI plans and activities. Most communities have carried out at least one community project under the leadership of a CDC that had been trained and monitored by a state-level CFCI Coordination Unit.

The community mobilisation function of CFCI has expanded the menu of activities undertaken in villages beyond the original children-focused services. For instance, although livelihoods is not a CFCI objective, it has been taken forward by several women's subcommittees. In Gedaref, as part of the visit to a CFCI community, the women's subcommittees explained they have focused their work on expanding women's livelihood activities. The women of the community had received some funds to acquire small machinery for

processing grains and making pasta. In Kassala, an activity fostered through the CFCI programme, and implemented in 2003, was the creation of community radio programmes and listening groups. Their primary objective is to mobilise and transmit messages on health and education in local dialects. They are now seeking local participation in the actual content of the programs. According to various informants in Kassala, activities like the community radio have brought about changes in behaviour, particularly for women, in terms of skills and livelihood strategies. In the past, women's education was taboo in most villages and this is now slowly changing. There is more acceptance of local women getting training to become midwives or community health workers. But overall, CFCI has made only very limited progress toward gender empowerment, in part because the design of CFCI does not explicitly define the kinds of activities that could render the women's subcommittees an active force in the community.

In communities affected by high numbers of refugees or IDPs, a major constraint on CFCI's educational agenda is getting the extremely poor (in many cases orphans) children to attend school. In the eastern states many of these communities are refugees from Eritrea. CFCI has carried out targeted mobilisation efforts and, in most cases, successfully enlisted the help of CDCs to sustain school attendance of these children<sup>11</sup>.

Field interviews highlighted the following as the right conditions for community mobilisation and inclusion to be effective: a) managing expectations; b) focusing mobilisation around the welfare of children to achieve other social outcomes, particularly with regards to women's well-being; c) a minimum level of security in the community; d) tapping into any prior or traditional community-centred activities; and e) approaching all interventions in a very context-sensitive way. On the last point, for instance, in culturally conservative areas, CFCI has begun advocating for the creation of separate classrooms for girls, as well as training of female teachers, to discourage households from withdrawing older girl students.

The major issues that CFCI has not yet addressed in a systematic way (except to feature as criteria for graduation) include: sustaining mobilisation, securing cost sharing, and strengthening capacities at village level. These will be explored under the section on sustainability.

#### D. Advocacy

CFCI has successfully advocated linking poverty reduction and service delivery through the use of baseline surveys at the federal and state levels. At the federal level, cooperation with CFCI has helped to inform the federal chambers and the NFSS on the needs of the most vulnerable states. UNICEF has used the data from the MICS survey as a tool for advocating pro-poor planning and budgeting through a ranking of states according to objective indicators of well-being. However, the extent to which CFCI has been able to advocate for wider-reaching sectoral interventions is less clear. For instance,

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<sup>11</sup> Source: UNICEF Khartoum.

despite the importance of providing for the health needs of small communities, a training programme for community health workers, funded by the Ministry of Health, has recently been suspended. Instead, the MOH plans to introduce a new cadre of health workers – the Community Health Promoters – who will be mainly tasked with health education. However, CFCI may be able to fill this gap by providing additional training to Community Health to diagnose and dispense essential drugs through the existing revolving funds.

At the levels of state governments and Localities, the greatest contribution of the CFCI initiative has been to provide the space for community demand of services and for planning mechanisms based on objective criteria. The CFCI model uses its rights-based approach to push for targeting and prioritising of resources for service delivery to the poorest areas, many of which did not have access to services or government funding before. Also, the CFCI indicators and method for targeting are transparent, based on robust data (although complex and time-consuming). Although the NFSS is meant to redistribute funds from richer to poorer states, there is still a high level of political discretion in allocating resources. Therefore, the fact that the NFSS is disbursing funds using the CFCI criteria indicates that the UNICEF programme has succeeded in some pro-poor reform. In the overall budget envelope of the NFSS this may be modest, but considering Sudan's political context, it is a success story.

At the local level, advocacy work has provided villagers with information on their rights and also on good practices. This work cannot be underestimated: for instance in Kassala a community told us that the latrines built by the IRC are not used because the villagers do not see the importance of it.

Field interviews highlighted the following as the right conditions for advocacy to be effective: a) having a certain degree of buy-in at every level of government, but particularly at the federal one, where policies are set; b) having good baseline data.

#### **IV. Issues for scaling up and sustainability**

This section examines the two core challenges of sustainability and scaling up of CFCI. As a background to these, it is essential to discuss the decentralisation process in northern Sudan in order to better understand the capacity and political constraints, as well as the opportunities associated with it.

##### **A. Decentralisation: the administrative background**

In 1994 Sudan became a federal State: the country was divided into 26 states, with the president appointing state governors. Elections to state assemblies were held in most of the northern states in 1999, but did not take

place in the south due to the conflict. Only 45% of deputies to the state assemblies are elected, while the rest are nominated<sup>12</sup>.

States have the primary responsibility for social expenditure in Sudan. However, allocations of funding from Khartoum have traditionally been dependent on political considerations, not on development needs. In the wider context of preparation for a poverty reduction strategy the National Fund for States' Support has put in place a set of criteria, including well-being indicators to prioritise distributions of federal funds to the states.

The most important revenue source for states and localities is the National Fund for State Support (NFSS). The fund is meant to redistribute resources to the poorest states using criteria such as rural/urban population proportion, and key social indicators. However some recent studies have shown that actual allocations were found to be discretionary in many cases, resulting in inadequate targeting of resources to poorer states. But some reformers see CFCI as a potential model mechanism for fairly addressing marginalisation and inequality between states, given the current system's limitations. It can be argued that the CFCI model is politically neutral, although the extent to which it has really rendered allocation and policy decisions more neutral in general is still open to debate.

Legislation introduced in the last couple of years, the Local Act, is supposed to clarify the role of local government (or Localities), but this has not been fully implemented yet. This partially explains the low level of Locality involvement in CFCI. Although the new law stipulates increased responsibility over service delivery at the local level, revenue sources have been diminished and Localities now cover larger geographical areas. In Kassala, for instance, Localities have been merged from 11 to 5. Apart from the logistical problems of having a greater area to cover, local revenues are extremely meagre. Central government derogated prior regulations allowing Localities to raise local taxes, but their mandate to provide services remain, so their limited capacity translates, more often than not, into inactivity. The majority of Localities are dependent on grant funds from the central and state governments to carry out its functions. These funds are mostly spent on salaries and administration costs, leaving no funds for development or recurrent costs.

However, interest in fulfilling their service delivery mandate, and in the CFCI programme, varies. A best-case example of an involved Locality was that of Choka in Gedaref state. Although the school and health centre buildings had been constructed by the community with no financial help from the Locality, it did supervise and organise a training of teachers working in CFCI communities. It also uses the data generated through the CDCs for planning at the Locality level. The Locality staff interviewed stated the intention to assume responsibility for service provision after the CFCI programme closes down in 2006. But it is not clear how it intends to do it. The financial and technical capacity of Localities is limited to whatever funds it gets from the

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<sup>12</sup> Economist Intelligence Unit (2003) Country Profile: Sudan 2003/2004.

state level (in Gedaref for instance, around 27% of state budget is devolved to Localities but no information is available on allocation criteria).

**Table 6: The bigger picture, decentralisation and service delivery in Sudan**

*On the negative side*

1. Extremely low public expenditure on social sectors during the 90s has led to severe deterioration of basic social services.
2. States dependent on federal transfers to provide services. Federal transfers lack transparency and appear to be discretionary despite the existence of criteria for funding allocations.

*On the positive side*

1. Comprehensive Peace Agreement: Power-sharing protocol will confer greater autonomy on state governments, which will mean that government will have to implement reforms to strengthen decentralisation.
2. GoS in the process of taking on reforms in fiscal decentralization, including inter-governmental transfers. This is an opportunity to introduce greater transparency in allocations and revenue generation at lower levels of government.
3. National Fund for State Support provides the greatest source of revenue to state governments. The NFSS has a mandate to address development inequalities between states through transfers. UNICEF-CFCI in Khartoum has a very strategic partnership with the NFSS as its main government counterpart because of its political commitment and its power in providing the biggest revenue source to states.
4. "Willingness" is weak at federal level. CFCI programme has focused on "strong" willingness at state government level, even if capacity is weak. This may be a lesson in other similar contexts where tapping into 'willingness' below the federal level may provide interesting entry points.

**B. Scaling up**

The CFCI initiative is linked to the various government levels. Scaling up services, meaning an expansion of coverage and availability of services, is usually done in one of two ways: a) through government structures, or b) by giving money to community to get services from private sector and NGOs. The focus of this section is therefore on the providers of services.

One aspect of scaling up would be to scale up the use of CFCI method for targeting and allocating funds in the NFSS, ensuring that a greater proportion of its funds actually reach the poorest states and communities. If CFCI was scaled up, it could create mobilisation for pro-poor policy, which is especially important to develop a participatory approach to poverty reduction strategies. CFCI has already advocated for use of baseline surveys such as MICs and Safe Motherhood Survey to link service delivery to poverty reduction. But donors also need to be realistic about the extent to which a relatively small and very targeted programme like CFCI can act as a catalyst for wider change at government level. Donors can play a role in this by supporting this type of

approach and using it to show the government what it has already achieved through it. But other processes (JAMs, donor alignment and influencing of the Poverty Eradication Strategy) will be necessary at the federal level. What is helpful is that CFCI has not created parallel structures but has worked through line ministries and set up service delivery coordinating mechanisms that can be expanded/maintained even when the programme is finished. Some in government are exploring the possibility of expanding CFCI into a funding mechanism within the PRSP. Also, the database generated by CFCI has been used by the JAM assessment; it is more comprehensive and reliable than existing government data.

CFCI is a rights-based approach and this means scaling up should increase the advocacy role played by this and similar initiatives, as well as NGOs more generally. In some sectors, such as the health one, where vertical interventions are most effective, CFCI has been advocating for the Ministry of Health at the federal level to expand immunisation programmes to the most vulnerable communities by using mobile teams with solar units and cold boxes for storing medicines. Several informants at the state level were aware of this possibility and were keen for the Ministry of Health to use CFCI data to increase coverage in this way.

State authorities and several CDCs expressed the need to build partnerships with NGOs to expand services. In many instances this was followed by an acknowledgement that government systems are weak, overstretched or do not focus on certain issues, mostly related to livelihoods. In Gedaref an interesting comment was made linking the lack of NGO presence with a very high percentage of the incidence of malaria and water-borne diseases, especially among children (over 85%). Many in the State Coordination Unit expressed the view that awareness is crucial for access and effectiveness of the most basic services, and that this was a role seldom played by Sudanese government authorities.

**Table 7: Challenges of scaling up CFCI (based on field interviews)**

- ❖ According to the NFSS: a) funding, b) coordination with donors, c) awareness (community driven approach adds value).
- ❖ According to UNICEF: a) funding, b) counter-part to ensure sustainability, c) commitment from sectors, d) additional improvements in infrastructure (dependent on federal funds).
- ❖ According to Gedaref State Coordination Unit: a) lack of NGO partners, b) excessively ambitious plans without sufficient costing, d) lack of basic infrastructure and facilities, especially in health and education.
- ❖ According to Choka Locality: a) funding, b) staffing, c) physical infrastructure, d) training
- ❖ According to CDCs: a) level of poverty in communities, b) support from Localities and ministries, c) lack of awareness and education, d) lack of infrastructure.

On the expansion of the CFCI model to the southern states, UNICEF-Khartoum is planning on covering the entire southern area after a peace agreement has been signed and will keep existing programmes for a transitional period of 6 months. It is unlikely CFCI will be rolled out in the same way as in the northern states, however the spirit of the approach could be applicable: a comprehensive package of services with community participation. What will be different is the lack of government structures to align with and the lower starting point, with even more vulnerable communities and the specific challenges of a post-conflict situation.

### *C. Sustainability*

Long-term sustainability of community-driven service delivery will require: a) reforming the allocation and budgeting system for decentralised service provision (better funding), and b) improving delivery systems and coverage (accessible better services). Both are likely to be very long-term processes and will be partially dependent on the wider political situation, including a peace agreement. Additionally, service delivery cannot be sustained without paying attention to the provision of infrastructure, particularly in water and sanitation. One of the CFCI's advantages is that it allows progress to be different and tailored to the limitations of each community. However this should not overshadow the need for countrywide improvements in infrastructure for the gains at the local level to be sustainable over time.

CFCI has supported service delivery in the poorest states, and in so doing, has been able to gradually engage with the GoS on intergovernmental transfers and the allocation system of the National Fund for States' Support. This is an important lesson for other donors.

Communities cannot be expected to carry out their work alone and so support to the front-line providers should be strengthened with higher resources. CFCI has tapped into the available resources at the various levels to deliver with minimum administrative cost. This is a model where non-state actors have not played a role in terms of filling a human resource gap. CFCI shows that it can successfully be done in the following conditions: a) relatively small coverage, b) compact package of basic services for which the State has the responsibility, c) low starting point in terms of access to services, d) political buy-in at top level and willingness to back it up with existing systems and staff.

On the issue of cost-sharing, the picture is varied yet the shortcomings are discernible. In the non-CFCI communities visited, the government had built school buildings and, in some cases, paid for teachers' salaries. But health centres, normally a very basic dispensary, were not provided for through public funds. In the Kassala non-CFCI community we were told that villagers were preparing a budget to seek NGO funds and contribute local labour to the construction of such a facility.

An interesting example is that of drug-revolving funds, partially successful in the Kassala CFCI village we visited (fund had not been replenished yet) and fully successful in the Gedaref community. The CFCI Coordination Units and CDCs in many of the communities have faced initial difficulties in motivating community members to embrace the cost-sharing and self-help approach to local development. Particularly, the populations in conflict and former conflict areas are in the habit of receiving free services from relief agencies and NGOs. Nevertheless, CDCs in many areas of Sudan have been able to build upon earlier indigenous traditions of village cooperation in agricultural production as a model for organized community self-help. Additionally, many communities have instituted schemes whereby the poorest households are exempt from paying for certain services. For instance, in Al Halifa village the team was told that the poorest families could access medicines from the revolving drug fund for free. Indeed, this revolving fund was an interesting example of a community making a small profit through the provision of medicines (bought from the Ministry of Health at a discounted rate). The initial capital for the first stock of medicines was provided through the CFCI programme. Profits can then be reinvested to finance additional services or facilities in the communities.

A crucial issue is that of partnerships with non-state actors. Given capacity constraints, CFCI should more pro-actively encourage partnerships between state and non-state providers. According to the CFCI mid-term review, CDCs in 248 CFCI communities (or 70% of the total) have become entry points for several NGOs, thus promoting tapping into other resources. In Kassala, the Sudanese Red Crescent and the NGO Accord have collaborated with CFCI communities in providing education on first aid and popular forestry management, respectively. But given that CFCI has not developed common organisational structures with NGOs, it will be key to avoid such partnerships to be done at the expense of local and state authorities. One of the possible way to do this is through some kind of contracting arrangement, which introduces an accountability mechanism through performance or output based contracts (during the field mission to Gedaref there was mention of an Italian NGO interested in doing water and sanitation work).

## **V. Operational implications for service delivery programming in difficult contexts**

This final section offers some lessons about what DFID, and potentially other donors, can do in Sudan (and potentially other difficult environments) to improve poor people's access to services. It also looks at the key questions that need further attention in terms of strengthening the State's capacity and responsibility for pro-poor service delivery.

Some of the general lessons drawn include:

- Understanding of the institutions that may already exist that are mandated to address poverty, inequality and development (such as NFSS and state governments).

- Supporting/ scaling up a small programme that clearly already has some political support. Government financing even if very little, signals - especially in such a difficult environment - “quite strong” support.
- Using an approach that strengthens areas where reform is already taking place or where its clear that government is open to reform – here it’s working/ strengthening the state level in a context where decentralization reforms are starting to take place.
- Partnership with lower levels of government that may be more “willing” than central government.

A. *A key entry point to pro-poor policy making*

CFCI, and other UN-led programmes, provides a good entry point for donors to engage in service delivery in Sudan, given current national planning frameworks are not poverty focused. CFCI works effectively with pockets of political willingness, as was evident from the very good level of commitment of the State Coordination Units visited.

While working through government systems before a Comprehensive Peace Agreement may be politically controversial, and may be risky at this stage, the benefits of funding the programme outweigh the risks, both in terms of outcomes for the most vulnerable communities as well as a process for continued and focused engagement. Besides the immediate benefits to communities, there are broader strategic reasons for supporting CFCI. The first one is that progressive and reformist elements of the GoS see CFCI as a key instrument for possible expansion into a PRSP funding mechanism, and as a means to address regional inequalities and marginalisation. The second one is that, so far, political commitment to the programme is strong. In the first half of 2004 government contributions amount to 66% of the total CFCI budget. Donor support can send a positive signal in an area where most development actors believe the Sudanese government is performing relatively well. According to UNICEF-Khartoum, there seems to be increased interest at the federal level, particularly the NFSS, to ensure there is more integration/support for pro-poor service delivery from the centre.

CFCI also provides an entry point for donor engagement in other key strategic areas, such as federal allocation and financing of development initiatives, poverty reduction, social sector policy dialogue, and engagement at the state level of government, where most of the social expenditure responsibility lies.

B. *Implications for wider programming in governance*

Given Sudan’s conflict context, service delivery should be integrated into a community recovery framework that promotes economic and physical security. This is likely to have an impact on communities’ ability to benefit from the services provided. Enhanced provision of security, grassroots peace-building and support to local government form part of a holistic approach to the recovery of communities affected by conflict.

The CFCI approach clearly supports the development of an effective public administration. Because CFCI works directly with the states, it is tempting to bypass recalcitrant federal line Ministries, with the consequence that these Ministries are further alienated from the CFCI approach. In discussions with the Gedaref State Coordination Unit, one of the main difficulties identified at the federal level was a weak understanding of the CFCI concept. Some staff at federal level think there should be two planning cycles, a national one and a specific CFCI one. This misunderstanding has provoked duplication, further helped by a high turnover in senior staff at line ministries. One of the main achievements of the CFCI approach is its 'shadow alignment' or superposition of structures on government systems, avoiding setting up parallel CFCI mechanisms. This will be especially important in the south, where public administration structures are largely non-existent, or, where they do exist, are extremely weak.

The CFCI model also throws light on key constraints facing the providers at sub-national levels of government, particularly Localities. These include: resources, systems and staff. These constraints will need to be addressed to ensure sustainability in the long run, particularly in the context of decentralized service delivery. The use of community-based planning processes could be scaled up to the Locality level to ensure service delivery planning is demand-driven and to increase transparency and accountability of local governments to communities. Some communities, such as Choka in Gedaref, have used the CFCI model to introduce participatory planning processes where communities feed in their priorities. The Locality representative we met believed this was a useful tool in pressuring the state ministries for funding. But longer-term solutions to local financing will be needed if governance issues at the local level are to be tackled. Indeed, one of the recommendations of the mid-term review is that, in the event of a follow-up CFCI project after 2006, it should focus at the Locality level rather than at the level of the individual communities.

Additionally, support may also be needed to strengthen the facilitating role of that the central and state governments play in service delivery. This is a particularly vital interaction between the state governments and Localities, as highlighted by the CFCI experience. Links should therefore be explored with local government development programmes, such as the one managed by UNDP.

Donor support for local government is almost absent in the north although it is a key area for service delivery. The question for service delivery is how much political will there is for devolving more power to Localities, who are responsible for delivering basic services and are closer to the communities. But the focus of decentralization in Sudan so far has been on giving more authority to the states. This is in contrast to the south, where SPLM is the local government as the locus for service delivery. Building local government capacity for service delivery will require more than training for local staff, but also a clarification of the extent of political and administrative decentralization, additional financing, and ensuring Localities are responsive to demand.

### C. Donor coordination

Uncoordinated donor action leads to high transaction costs for already weak governments, can result in more space for corruption and opportunities to play one donor off against another. UNICEF has been present in Sudan for a much longer period than most other donors and has built a stable partnership with the GoS, both through its relief work as well as longer-term sectoral interventions. Donors looking to provide support to service delivery should use the 'alignment' that the CFCI model provides for working through government structures in providing basic services to vulnerable communities, without being seen to provide legitimacy or blanket support to the Khartoum government. Additionally, CFCI could contribute to enhanced donor coordination by providing: a) capacity building for national counterparts to take lead on aid coordination, b) a results framework to guide regular government and donor dialogue, c) sectoral info for better sectoral integration.

## **V. Concluding remarks**

The CFCI programme provides valuable lessons about what donors can do differently in difficult environments to improve poor people's access to services and to strengthen the State's capacity and responsibility for pro-poor service delivery. PRDE's working paper 3 suggests that in environments where there is neither government capacity nor willingness, efforts need to be focused on partnerships with humanitarian actors<sup>13</sup>. Although the typology developed there suggests that Sudan may be a weak-weak context, the CFCI shows that where institutional systems exist, these can be tapped into to provide service delivery. The CFCI model is based on a thorough understanding of context, including the sometimes complex and changing Sudanese institutional set-up at various government levels.

CFCI has had an impact on policy, capacity and demand for services. Firstly, it has successfully found key entry points at the federal level and state levels to generate, mobilise and support political willingness to focus service delivery on development outcomes. Secondly, UNICEF has infiltrated – so to speak – government structures to strengthen capacity for planning, financing and monitoring without setting up parallel systems. Thirdly, CFCI has rightly worked on the demand side of service delivery by mobilising communities as a way to develop sustainable systems and creating the most basic conditions for increased social cohesion and reducing group inequalities. These are obviously long-term processes and CFCI is but an approach that gradually paves the way.

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<sup>13</sup> Berry, Forder, Sultan and Moreno-Torres (2004), 2.

## **Annex 1: Terms of Reference UNICEF-CFCI Field Mission**

### **Background**

1. A comprehensive peace agreement between the Government of Sudan (GOS) and the Sudanese People's Liberation Movement/Army (SPLM/A) could be reached in 2004. The recovery of war-affected communities will be a significant factor in restoring peace and stability and laying the foundations for development and poverty.
2. Inequality and regional disparity in access to resources and basic services has been a contributing factor in past and current conflict in Sudan. Thus the sensitive, but rapid, expansion of basic services like water, education, and health is a key factor in the success of the peace process at local level.
3. DFID proposes to support an integrated service delivery program. The goal of the programme is to work towards peace, stability, and recovery in the conflict-affected areas of Sudan. The purpose is to expand coverage, quality and use of basic services. This program will work towards achieving objective 1 and objective 3 of the CEP. It will also contribute to achieving the Millennium Development Goals relating to Education, Gender, Health and Conflict resolution.
4. The UNICEF "Child Friendly Community" (CFCI) approach is aimed at enhancing community empowerment and integrating a range of service delivery interventions for the poorest and most vulnerable communities. The programme identified the 9 most vulnerable states in GOS-controlled region of the country according to the Multiple Indicator Cluster Survey (MICS). The programme includes four components:
  - Service delivery. CFCI is responsible for coordinating Unicef's sectoral program interventions in education, water, and health.
  - Community empowerment. The project also provides all the inputs required for the social mobilization, community empowerment, capacity building and monitoring and evaluation activities.
  - Capacity building. Government structures at the state and Locality levels are trained in participatory planning, monitoring, and evaluation, communication and community management, technical training for specific sectoral programmes.
  - Advocacy. CFCI will advocate with national and state authorities to adopt policies, enact legislation, establish structures of community-based development, and allocate the resources for the coordination and implementation of interventions.

### **Purpose**

5. Provide lessons, best practice, and analysis of principal problems and challenges with regard to service delivery in Sudan by reviewing Unicef's CFCI programme. The review, carried out by the programme coordinator (BE-Khartoum), the Assistant Education Adviser from the Sudan Unit, and the Governance Adviser from Policy Division's PRDE team. It will provide

recommendations to the Sudan team in identifying key issues, related to core areas of support and the design of the proposed service delivery programme. It will also deepen Policy Division's understanding of how to work effectively on social service interventions in difficult environments.

### **Objective**

6. Review of CFCI Programme in order to:

- Learn lessons for understanding how to improve the quality and coverage of basic services in Sudan.
- Feed in recommendations for the design of the Sudan Integrated Support for Service Delivery Programme, assessing CFCI's potential as an implementation modality.
- Provide lessons for policy development in service delivery in difficult environments.

### **Scope of Work**

7. The field mission will cover CFCI communities in two states (Kassala and Gedaref) - 2 days in each. It will consist of visits to four communities, INGOs, community development committees, and the CFCI Co-ordination offices. If possible, the mission will also visit a "non-CFCI" Locality in the 2 states to compare the level of services outside of the programme. A UNICEF evaluation is currently underway and findings will be presented at a workshop on 27th Oct in Khartoum. We will also draw upon these for the review.

8. The field mission will review the project, analysing in particular:

- Effectiveness and costs of services, and prospects for scaling up: Who are the service providers, what coverage do they achieve, and accountability mechanisms; total expenditure and unit costs for services, cost sharing.
- Approaches for building capacity for planning, coordination, and management at community, Locality, and state level; capacity for ensuring equitable participation in CDCs.
- Implementation and delivery mechanisms, including targeting and selection of villages and geographical spread; coordination with local and national government actors and non-state actors; sustainability of services.
- How the programme addresses issues related to decentralized service delivery: eg roles and responsibilities, capacities of local and state governments; inter-linkages between CDCs, Localities, and state government; links to federal sector policies and minimum standards, quality assurance.

### **Outputs**

9. DFID staff taking part in the field mission will write a brief BTO report outlining the strengths and challenges of the CFCI and the implications for service delivery programming in Sudan. The Project Memorandum for the

Integrated Support for Service Delivery in Sudan programme will draw on some of the lessons and recommendations from this review.

10. Additionally Policy Division's PRDE team will draft a short case study that explores the key issues in more detail. The outputs of this case study are intended to contribute to DFID Sudan's efforts to work on pro-poor service delivery in the country, and to deepen Policy Division's understanding of how to work effectively on social service interventions in difficult environments.

**Timing**

11. The field mission is expected to take place from November 1-6, 2004. The BTOR will be completed a week after the field mission. The case study will be finished no later than December 31, 2004.

## Annex 2: List of individuals interviewed

### Khartoum

- Federal Government Chambers – National Fund for States' Support  
*Wassfi El-Gamry Mohammed, Director of Development, Foreign Support*
- Ministry of Education  
*Dr. Almutasim Alhassan, Under-Secretary for Education*  
*Prof. Abdulaziz Malik, Consultant*
- UNICEF Sudan  
*Saeed Awadalla, CFCI Programme Officer*

### Kassala City

- CFCI State Co-ordination Unit
- Kassala Minister of Finance and Director of Planning

### Adendawaw, non-CFCI village

- Community committee

### Talawid West, CFCI village

- CDC Sub-committee for Education
- CDC Sub-committee for Health

### Gedaref City

- CFCI State Co-ordination Unit
- Gedaref Minister of Agriculture (Acting Minister of Finance) and Director of Planning

### Al Halifa, CFCI village

- Community Development Committee
- Director of Education from Choka Locality

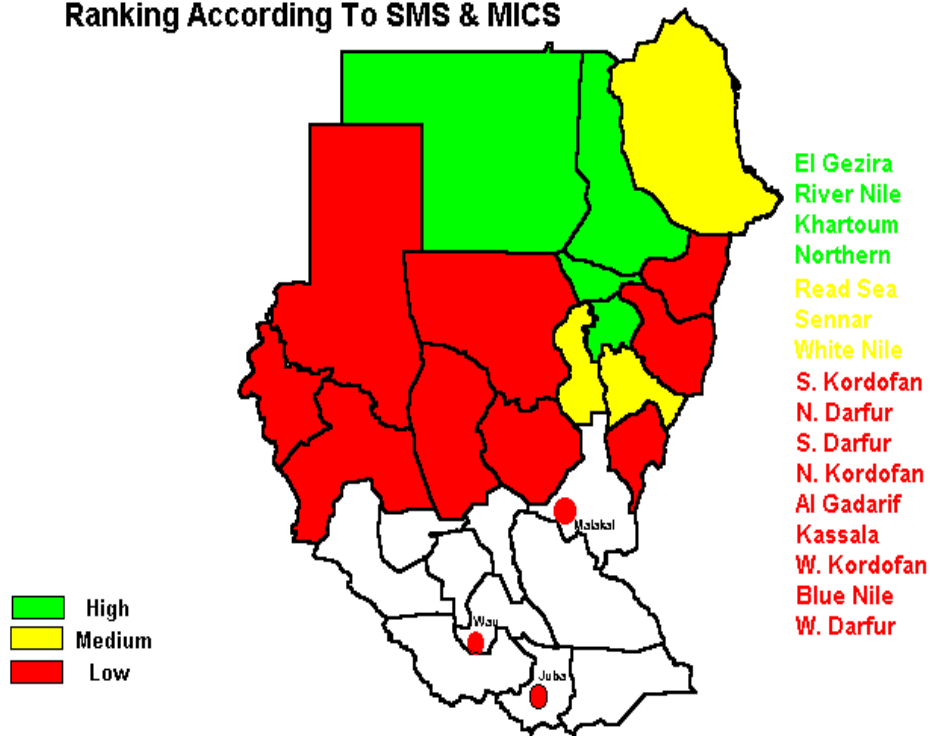
### Mushra'a el Dom, non-CFCI village

Community leader

Annex 3: Map of CFCI communities in Sudan



Ranking According To SMS & MICS



Distribution and Coverage of Vulnerable Localities and Communities

State	Total No. of localities	No. of Vulnerable localities	Total No. of Comm.	No. of Vulnerable Comm.	No. of CFCI Comm. 2002-03	CFCI % Coverage/ vul.comm
Blue Nile	5	3	244	76	30	39
Gedarif	5	3	834	172	40	23
Kassala	5	3	350	149	30	20
N. Darfur	7	4	544	289	30	10
S. Darfur	9	8	950	332	40	12
W. Darfur	7	6	378	357	30	8
N. Kordofan	5	4	1314	228	40	17
S. Kordofan	5	4	540	150	30	20
W. Kordofan	5	5	750	157	30	19
Bahr El Gazal	3	3	138	120	10	8
Bahr El Jebel	4	2	164	160	20	13
Upper Nile	8	8	163	138	24	17
<b>Total</b>	<b>68</b>	<b>53 (63%)</b>	<b>6369</b>	<b>2328 (37%)</b>	<b>354</b>	<b>(15%)</b>

**Annex 4: UNICEF-CFCI Field Mission Questionnaire, November 1-6 2004**

UNICEF	
Effectiveness	<ul style="list-style-type: none"> <li>• How is data collected and used? By whom? Total and proportion of population covered in focus states by the programme?</li> <li>• Geographical spread of communities, implications for manageability of the programme.</li> <li>• Yearly budget for CFCI? Unit costs of the programme</li> <li>• What are the reporting lines of accountability from local and state level? What financial info does UNICEF receive from CFCI Units?</li> <li>• How is success and impact measured? How does UNICEF monitor the programme; is it done jointly with government? Results of impact?</li> <li>• How has cost sharing worked, which services? Are communities able/willing to pay for services? Impact of cost sharing on equitable access to services? How are gender inequalities in access addressed within the programme eg education?</li> <li>• How have conflict Issues affected programming? Inequalities within communities</li> <li>• How long are communities supported before they can stand alone? How are the services sustained and financed?</li> <li>• Outcomes on policy advocacy, legislation? How does CFCI feed into sectoral programmes as far as policy?</li> </ul>
Capacity Building	<ul style="list-style-type: none"> <li>• What competencies/support systems are required to make this work?</li> <li>• Who does the community training? How is it done and over what period of time?</li> <li>• Process for determining membership on CDCs?</li> <li>• Who is trained at Locality and state level? How much and how often? Process for monitoring and follow-up? How do you measure impact of training for government? Any support for recurrent costs? Challenges, impact so far, main weaknesses at state and at Locality level.</li> </ul>

Implementation	<ul style="list-style-type: none"> <li>• What is Unicef's role in the implementation of CDC plans, how much financing is provided for implementation?</li> <li>• Role of NGOs in implementation; process for NGOs to initiate programmes in communities? Does UNICEF fund NGOs operating in CFCI communities? Unicef's role in coordination.</li> <li>• How significant is State provision of services, what are the weaknesses?</li> <li>• How does UNICEF monitor the programme; is it done jointly with government</li> <li>• Coordination between CFCI and sectoral programmes, at what level? How do the programmes intersect – eg sectoral programmes provide services?</li> </ul>
Decentralization	<ul style="list-style-type: none"> <li>• What are the constraints of the current decentralized system of service delivery?</li> <li>• What are the implications for CFCI?</li> </ul>
Advocacy	<ul style="list-style-type: none"> <li>• Links, relationship with Federal Chambers and FMOF – what are the policy issues UNICEF is taking up with them?</li> <li>• Views on process for determining how states are allocated funds through NFSS – is poverty the priority?</li> <li>• Links with line ministries?</li> <li>• Role in ensuring financing earmarked for CFCI gets to state and then Locality level?</li> </ul>
Scaling Up/ Sustainability	<ul style="list-style-type: none"> <li>• Potential for scaling up: what are the key challenges for scaling up.</li> <li>• Challenges for UNICEF</li> <li>• Challenges for the State: Highly dependent on State structures, good for sustainability, but its capacity for scaling up?</li> <li>• Ideas on funding mechanisms in a scaled-up programme – ie funds for implementation, delivery of services</li> <li>• What are the political/administrative implications of scaling up – CFCI unit's set up for programme, long-term functioning? Is it a sustainable structure?</li> </ul>
<b>National Fund for States' Support</b>	
Effectiveness	<ul style="list-style-type: none"> <li>• Total budget for CFCI in 2003? How are budget allocations to each state determined?</li> <li>• NFSS is aimed at addressing disparities between states: how are these measured, which states received the largest proportion of budget allocation in eg 2003?</li> </ul>

Capacity Building	<ul style="list-style-type: none"> <li>Is there any training in collection of CFCI data for integration into government-wide planning systems?</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Lines of accountability and reporting?</li> <li>Links to federal line ministries, how are quality assurance and standards monitored?</li> </ul>
Decentralization	<ul style="list-style-type: none"> <li>Current roles and responsibilities of Federal Chambers.</li> <li>Linkages between Federal Ministry of Finance and Federal Chambers. Will its functions, responsibilities change with implementation of power-sharing (more power at state level)?</li> </ul>
Scaling up/ Sustainability	<ul style="list-style-type: none"> <li>What are the key challenges for scaling up service delivery?</li> <li>What are the political/administrative implications?</li> </ul>
<b>Federal Ministry of Education</b>	
Effectiveness	<ul style="list-style-type: none"> <li>Financing of education: what is FMOE role – ie budget allocations for education below federal level? Spending?</li> <li>How does FMOE monitor standards and quality of education provision across the country?</li> </ul>
Capacity Building	<ul style="list-style-type: none"> <li>Responsibility for training and capacity building at state and Locality level?</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Links, relationship with UNICEF-CFCI at Khartoum level?</li> </ul>
Advocacy	<ul style="list-style-type: none"> <li>To what extent has CFCI, in your view, contributed to raising awareness/demand for education?</li> <li>How has the Ministry supported this advocacy function? Expanded it non-CFCI communities?</li> </ul>
	<ul style="list-style-type: none"> <li>What are the roles and responsibilities between state and federal level? How will CPA and GNU affect role and policies of FMOE?</li> <li>How is information on federal policies, standards, procedures fed down to state level – eg EFA Plan, Master Program</li> </ul>

Decentralization	<ul style="list-style-type: none"> <li>• Process for state line ministries to feed into policy making and planning at Federal level.</li> <li>• FMOE role in education sector planning at state level; process for coordination across states.</li> <li>• What are the institutional links between FMOE and state MOEs – eg reporting on activities, planning processes, information management and statistics.</li> <li>• Links between FMOE and CFCI Unit at state level?</li> <li>• Does FMOE provide any funding to state MOEs?</li> </ul>
<b>State CFCI Coordination Unit</b>	
Effectiveness	<ul style="list-style-type: none"> <li>• Role and responsibilities of the Unit.</li> <li>• How does the Unit prioritise between funding for communities and between sectors?</li> </ul>
Capacity Building	<ul style="list-style-type: none"> <li>• Feedback on quality and effectiveness of training</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>• Linkages between Unit and line ministries</li> <li>• How many CDCs in the state; how are they coordinated and managed? Process for monitoring implementation of CDC plans</li> </ul>
Decentralization	<ul style="list-style-type: none"> <li>• Inter-linkages between CFCI unit and Federal level eg federal line ministries</li> </ul>
<b>Community Development Committees</b>	
Effectiveness	<ul style="list-style-type: none"> <li>• How many Plans of Action have been implemented by the CDC?</li> <li>• What percentage has the community contributed to carrying out the plans?</li> </ul>
Capacity Building	<ul style="list-style-type: none"> <li>• Feedback on quality and usefulness of training</li> <li>• How many CDC members received training? Who funded it?</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>• What have been the main challenges in the implementation of the Plans of Action?</li> <li>• To what extent has the State Coordination Unit helped to solve those difficulties?</li> </ul>

Advocacy	<ul style="list-style-type: none"> <li>• Has the community mobilisation had an impact in terms of: a) raising awareness of rights to basic services, b) to the responsibility of the government to provide those services, c) changing/improving negative local practices?</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>• What are the challenges/limitations of service delivery beyond CFCI?</li> </ul>
<b>Localities</b>	
Effectiveness	<ul style="list-style-type: none"> <li>• Does the Locality have any way of prioritising between communities?</li> <li>• Does it have any local planning mechanisms?</li> </ul>
Capacity Building	<ul style="list-style-type: none"> <li>• Has the Locality received any training as part of the CFCI initiative?</li> <li>• Has it provided funding for training of CDCs?</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>• Linkages between Localities, State Coordination Unit and line ministries: in terms of competencies, funding?</li> </ul>
Advocacy	<ul style="list-style-type: none"> <li>• Usefulness of CFCI approach to re-focus Localities' public expenditure on social services?</li> </ul>
Scaling up/ Sustainability	<ul style="list-style-type: none"> <li>• Challenges for scaling up community-driven service delivery to non-CFCI communities in Locality?</li> <li>• Any role for NGOs as providers?</li> </ul>