The Effectiveness of an Integrated, Multi-Sectoral, and Community –Driven Approach for the Delivery of Bacic Services in Fragile States. Case Study: The Child Friendly Community Initiative in Southern Darfur State/ Western Sudan

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Abstract:

This study examines the effectiveness of an integrated, multi-sectoral, and community –driven approach for the delivery of basic social services (education, primary health care and safety drinking water) to poor and vulnerable people in a conflict-affected area with particular emphasis on the UNICEF- sponsored Child-Friendly Community Initiative (CFCI) model in Southern Darfur State-western Sudan.

Two types of questioners were used to elicit data required: community development committee's questionnaire and household questionnaire. Systematic sampling technique was applied to select 13 communities out of 39 targeted communities and the random sampling technique to select 144 household out of 7275 of targeted households in the study area. In view of the shortcomings in data collected a combinations of both qualitative and quantitative analysis were conducted to analyze and discuss the study results. The results achieved revealed that the integrated, multi-sectoral, and community –driven approach is the most effective approach to deliver the basic social service delivery in difficult environments 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, immunizations and basic health care. To grantee the sustainability of the program and the project, the community members' capacity to plan, implement and monitor and evaluate development projects and create initiatives that will address social service delivery problems

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were built. The CFCI experience revealed that building partnership between the international community, national governments and stakeholders is the right approach to improve poor people's access to basic services and to strengthen the State's capacity for pro-poor service delivery in difficult environments.

 Key words: Fragile states, Service delivery, Child Friendly Community Initiative, Community-Driven, Integrated. Multi-Sector

ملخص

تناول هذه الدراسة فعالية المدخل المتكامل، المتعدد القطاعات والمدفوعة بالمجتمع في تقديم الخدمات الإجتماعية الأساسية "التعليم الأساسي، الرعاية الصحية الأولية، ومياه الشرب المأمونة" للمجموعات الفقيرة والمهمشة في منطقة متأثرة بالنزاعات بتركيز خاص على نموذج مبادرة المجتمعات الصديقة للأطفال بولاية جنوب دار فور/ غرب السودان.

لقد تم إستخدام الدراسة نوعين من إستمارات الإستبيان لجمع المعلومات المطلوبة: إستمارة لجان تنمية المجتمع وإستمارة العائلة . لقد تم تطبيق طريقة العينة المنتظمة في إختيار 13 لجنة من جملة 39 وطريقة العينة العشوائية لإختيار 114 عائلة من جملة 7272 عائلة مستهدفة في المنطقة محل الدراسة . وفي ضوء القصور في المعلومات التي تم جمعها فقد إستخدمت الدراسة كل من المنهج الوصفي والكمي في تحليل ومناقشة نتائج الدراسة.

النتائج التي تم التوصل إليها أوضحت أن المدخل المتكامل، المتعدد القطاعات، المدفوع بالمجتمع تعتبر من أكثر المداخل فعالية في تقديم الخدمات الأساسية في البيئات الصعبة بتركيز خاص علي تلك التي تؤثر علي الطفل والمرأة مثل تأهيل أو بناء الفصول المدرسية، الأثاثات المدرسية، الوسائل التعليمية، بناء المراحيض، خدمات المياه، التطعيم والرعاية الصحية الأولية ولضمان إستمرار المشروع والبرنامج فقد تم بناء قدرات هذه المجتمعات المحلية لتخطيط، تنفيذ، رصد ومتابعة وتقييم المشروعات والبرامج وخلق المبادرات لمعالجة المشكلات المرتبطة بتقديم الخدمات الأساسية للمجموعات الفقيرة.

لقد أوضحت تجربة مبادرة المجتمعات الصديقة للأطفال أن بناء شراكة حقيقية بين المجتمع الدولي والحكومات الوطنية والمستفيدين من المجتمعات المحلية هي المدخل السليم لتحسين

فرص حصول الفقراء علي الخدمات الإجتماعية وتقوية قدرة الدولة من تقديم هذه الخدمات للمجموعات للفقراء في البيئات الصعبة.

كلمات مفتاحيه: البلدان الهشة، تقديم الخدمات، مبادرة المجتمعات الصديقة للأطفال، المدفوع بالمجتمع، المتكامل، متعدد القطاعات

1-Introduction:

1-1-Background:

Over the last several years, a number of ideas relating to working in 'difficult environments', or engaging in countries described as 'poor performers' or 'fragile states' or courtiers in crisis have entered policy discourse[1] .Several donors, including the World Bank (WB), the United Nations Children Fund (UNICEF) and the Organization for Economic Cooperation and Development (OECD) assistant committee have developed different approaches to engage in these areas, each of which includes an emphasis on service delivery as a key entry trigger for longer –term pro-poor social, political and economic change in such states. The delivery of basic services is a central task of poverty reduction. Poor people say that water, education, healthcare and personal security are among their highest priorities, and expanding inclusive service delivery is critical to achieving the Millennium Development Goals (MDGs). If the primary role of the state is to "exercise power to achieve public goods" including safety and security, public institutions, economic management and basic social services, then the last two decades years have seen a steady erosion of these powers in many countries because of state collapse (e.g. Somalia, Iraqi and Afghanistan), partial territorial control (e.g. Nepal), armed conflict (e.g. Democratic Republic of Congo DRC, Sri Lanka, Southern Sudan), political instability (e.g. Central African Republic and Chad), or dysfunctional governance structures (e.g. Nigeria), they may be unwilling to enter development partnerships because they have repressive or isolationist governments (e.g. Zimbabwe), or are controlled by elites with little commitment to poverty reduction (e.g. Angola). In the past few years the donor community has begun to acknowledge its role in changing these situations. As part of international community's commitment to the

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[1] - Torres and Anderson(2004); DCD(2004); DFID (2005)

MDGs and poverty reduction, it seeks a better understanding of the most effective ways of delivering aid for service delivery in countries where governments show little willingness or capacity to facilitate pro-poor policies and services, in respect of impact on poor people i.e. measured in terms of poor people's access to basic services; building mechanisms/systems to ensure that poor people have regular and long-term access to basic services

1.2 **Problem statement**:

  Hundred millions of people are living today in extreme poverty most of them live in countries that have been categorized as difficult 'partners' or environments. The international community has increasingly recognized that the human cost of not engaging with countries fitting a difficult 'profile' is unacceptably high, and that new approaches are needed to meet the needs of poor people living in these countries. Current international strategies to address the basic quality of life of poor people, such as the Millennium Development Goals (MDGs) and Poverty Reduction Strategy Papers (PRSPs) face considerable implementation challenges in difficult environments. It is widely acknowledged that the MDGs and PRSPs are highly contingent on political decision-making by countries and donors rather than met solely through effective technical interventions. Most analyses on the best ways to achieve the MDGs generally emphasize the need for more aid, better trade, and progress on debt relief in order to meet the MDG targets but say very little about the most effective aid instruments and channels in supporting pro-poor basic social services. Sophisticated strategies to improve the relationship between state regulators and private providers have little relevance where the government is repressive or lacking commitment to poverty reduction goals[2].

1-3-**Objectives:**
 The objectives of the study were to:
  The objectives of this paper were to understand which approaches to supporting service delivery (and under what conditions) are the most effective with respect to both: Their impact on vulnerable people, including community mobilization, social inclusion and depth and

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[2] - Asian Development Bank (2006)

coverage of services.

1-4**: Key Questions:**

This study provides very valuable insights to answer the following questions:

1- How should services be delivered where the state is unable or unwilling to take up its responsibilities?

2- How far, and under which conditions donors support to services delivery in difficult environments can improve and strengthen: (a) poor people's access to basic services?, (b) state responsibility for pro-poor services delivery , both in terms of policies and capacities ?and (c) does service delivery in which communities are meaningfully involved produce better outcomes in deprived areas?.

1-5**: Hypotheses:**

It was hypothesized that the integrated, multi-sectoral and community-driven approach is the most effective approach for services delivery, institutional capacity building and community empowerment in difficult environments. It was further hypothesizes, that community empowerment and capacity building can lead to better achievement with regard to services delivery.

1-6**-Structure of the Paper:**

The rest of the paper is structured as follows: Section two defines some of the key concepts and definitions of fragile states and its related issues. Section three briefly describes the design features of the CFCI approach, with a particular focus on the objectives and the institutional set-up. Section four presents materials and methods. Section five presents results and discussions, while section six offers some concluding remarks.

2**-Concepts & Definitions:**

1-2: **What are fragile states?**

A range of definitions are used to identify fragile states. Torres and Anderson (2004) in fact find that which states are considered fragile, and the factors by which fragility is determined, often depends on the policy agenda of the observer. Some definitions have focused narrowly on states affected by armed conflict, while others include states affected by

poor governance, corruption and low administrative capacity[3] .The working definition adopted by DFID and the OECD-DAC covers those states where the government *cannot* or *will not* deliver core functions to the majority of its people, including the poor[4].In other words, fragile states either lack capacity, or willingness, or both, to develop and implement pro-poor policies. A summary of indicative features of fragile states based on this definition is laid out in Table 1. In addition to a lack of capacity and/or willingness there may be levels of isolationism and/or widespread armed conflict[5].

Table 1: Indicative features of fragile states

	Capacity	Willingness
State authority	•The state lacks clear international sovereign status •The state cannot control its external borders or significant parts of its internal territory	• One or more groups are systematically subjected to violence or deliberately not provided security by the state
Effective political power	•The power of the executive is not subject to controls, either through informal (political party) or formal (legislature) channels. •There are no effective channels for political participation.	• Major groups are systematically excluded from political processes.

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[3] -Loehr, C. and Warrener, D. (2005).

[4] - DFID, (2005).

[5] -Loehr, C. and Warrener, D., Op.Cit.p.2

Economic Management	• Weak or partial public financial management tools, such as a budget cycle and planning processes.	• There is no transparency in the public management of natural resource extraction.
Administrative capacity to deliver services	• The state levies less than 15% of GDP in tax	• Access to public services for specific regions of the country or groups is deliberately limited.

Source: DFID, Op.Cit.p.8

Most developing countries fall into four broad types[6]:

'Good performers' with capacity and political will to sustain a development partnership with the international community ('normal' environment);
'Weak but willing' states with limited capacity (fragile);
'Strong but unresponsive' states that may be repressive (fragile);
'Weak and weak' states where both political will and institutional capacity pose serious challenges to development (fragile).

Only the first of these four categories is labeled 'normal'. This simple classification system therefore hints that so-called 'fragile' environments are more frequently observed in developing nations than those labeled 'normal'. 'Normal' in this case would appear to be a normative description rather than a statement of frequency as three-quarters of this system fall into the category 'fragile'[7].

The distinction between willingness and capacity is important for deciding on how to engage with fragile states effectively – however, it is not easily made. Policy statements may, for example, not be enough to define *willingness* and what may appear as state fragility due to a lack of *capacity* may in fact stem from political obstacles[8].

Fragile states, also referred to as "weak/failing/failed states", "rogue states", "poor performers", "countries at risk of instability", "Low Income Countries under Stress", and "difficult environments" are those

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[6] -DFID, Op.Cit.p.8

[7] -Loehr, C. and Warrener, D., Op.Cit.p.2

[8] -Loehr, C. and Warrener, D., Op.Cit.p.2

where the state power is unable and/or unwilling to deliver core functions to the majority of its people: security, protection of property, basic public services such as security, health care, education and other kinds of social and economic welfare. They are the states that lack the capacity[9] and/ or the political will to use international and external resources for poverty reduction including the delivery of basic services. Such areas typically have all or several of the following characteristics: weak governance, fragile political and economic institutions, conflict, poor economic management, or are suffering from the effects of a chronic humanitarian crisis such as high HIV and AIDS infection or repeated famine[10]. Many fragile states are conflict-affected, controlled by authoritarian regimes, or are a combination of the two[11] .These are environments where the international community finds it difficult to engage with partner governments in country-led development approaches. Leader, N. and Colenso, Peter (2005) defined fragile states' as states that lack either the capacity, or the will, (or both), to deliver core state functions for the majority of their people, including the poor. The most important functions of the state for poverty reduction are territorial control, safety and security, capacity to manage public resources, delivery of basic services, and the ability to protect and support the ways in which the poorest people sustain themselves. It is a state that is particularly vulnerable to internal and external shocks and domestic and international conflicts[12]. In a fragile state, institutional arrangements embody and perhaps preserve the conditions of crisis: in economic terms, this could be institutions (importantly, property rights) that reinforce stagnation or low growth rates, or embody extreme inequality (in wealth, in access to land, in access to the means to make a living); in social terms institutions may embody extreme inequality or

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[9]-Anderson, M. and Torres.(2004) defined capacity we mean the core features that most strongly influence the state's ability to mobilize and use resources for poverty reduction, including territory control and presence, the effective exercise of political power, basic competence in economic management and sufficient administrative capacity for implementation.

[10] -Berry, Chris. et.al ,(2004)

[11] -Greeley, M.and Rose, P.,(2006)

[12] -Crisis States Workshop – London, March (2006)

lack of access altogether to health or education; in political terms, institutions may entrench exclusionary coalitions in power (in ethnic, religious, or perhaps regional terms), or extreme factionalism or significantly fragmented security organizations[13]. Conflict affected areas like Southern Darfur of western Sudan, features a good example for an area that bears both weak capacity and willingness to deliver basic social services to poor and vulnerable people particularly in rural areas. Based on the typology of fragile states developed by UK Department for International Development's Division (DFID) policy division, Sudan as a whole could be considered as a weak capacity –weak welling country, even if government capacity exists at present on government of Sudan areas[14]. In terms of development cooperation, fragile states may have little capacity to be effective development partners because of state collapse (e.g. Somalia), partial territorial control (e.g. Nepal), armed conflict (e.g. Democratic Republic of Congo DRC, Sri Lanka, Southern Sudan), political instability (e.g. Central African Republic and Chad), or dysfunctional governance structures (e.g. Nigeria). They may be unwilling to enter development partnerships because they have repressive or isolationist governments (e.g. Zimbabwe), or are controlled by elites with little commitment to poverty reduction (e.g. Angola)[15].Fragile states are also those with lowest of life expectancy, literacy and access to basic social services (e.g. primary education, health care, safety drinking water, etc), and with a highest levels of infant and maternal mortality, crime and corruption[16]. In such areas, the state is unable to put in place the institutions and policies required to either sustain a favorable regularity framework or supervise the delivery of basic service to poor and vulnerable people**.** The inability or unwillingness of fragile stats to perform minimum state function has ramifications for internal conflicts insofar as fragile states foster many of the underlying causes of conflicts including underdevelopment, discontent and general absence of the rule of law. Fragile states are

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[13] -Ibid.p.1

[14] - Torres, Magüi , Moreno (2005)

[15] -Leader, N. and Colenso, Peter .Op.Cit.p10.

[16] -Torres, M. and Anderson. Op.Cit.p.9.

generally too weak to extract domestic revenue needed for state programmes, nor is international aid effective in the sense that it lacks the institutional strength to apply those resources to investment and services delivery programmes (low absorptive capacity), a government that is not committed to sound regularity policies and programmes aimed at poverty reduction may lack the political will to use resources effectively for development. The United States Agency for International Development (USAID) uses the term "fragile states" to refer to a broad range of failed, failing, and recovering states. USAID's Fragile States Strategy, which emphasizes security, political, economic, and social factors, has four interrelated priorities: (i) enhanced stability; (ii) improved security; (iii) institutional and policy reform; and (iv) developing institutional capacities[17].USAID differentiates between states that are vulnerable ("unable or unwilling to adequately assure the provision of security and basic services to significant portions of their populations and where the legitimacy of the government is in question") and those in a state of crisis ("the central government does not exert effective control over its own territory or is unable or unwilling to assure the provision of vital services to significant parts of its territory, where legitimacy of the government is weak or nonexistent, and where violent conflict is a reality or a great risk"). From this perspective, the government's inability to provide basic services contributes to economic instability, food insecurity, social chaos, and armed conflict, all of which can create fertile ground for terrorism[18]. Similar conceptualizations are provided by the Center for Global Development and the United Nations (UN). The UN defines "threats" broadly to include "economic and social threats, including poverty, infectious disease and environmental degradation; internal conflict, including civil war, genocide and other large-scale atrocities; nuclear, radiological, chemical, and biological weapons proliferation; terrorism; and transnational crime[19].

  The Australian Aid Agency Aus AID defines fragile states as, "…countries that face particularly stark poverty and development

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[17] - Asian Development Bank .Op.C.t.p2

[18] - Asian Development Bank. Op.Cit.p.2

[19] - Asian Development Bank. Op.Cit.p.2

challenges and are vulnerable to further decline or even state failure[20].Weak governance, failed institutions, instability or conflict result in dismal growth prospects. The state fails to deliver critical services to the broader population, with a particular impact on the poor [21].Aus AID emphasizes the importance of conflict prevention, the key role of service delivery, and a "whole of government" approach that takes into account the development, security, and political aspects of state fragility[22].The focus of Australia's aid to fragile states is on good governance to help ensure the political stability and security required for economic growth and poverty reduction.The Organization for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) distinguishes "difficult partnerships" from cases where the partner government is making a best effort yet in which "performance, in the sense of outcomes, is weak." The "difficulties" involved often revolve around a developing member country's (DMC) lack of focus on poverty reduction, weak institutions, and/or lack of financial or human capacity to implement and manage development projects[23] .OECD-DAC defines fragile states as, "…countries where there is a lack of political commitment and insufficient capacity to develop and implement pro-poor policies. State weakness or fragility can occur in many ways. Where the state lacks effective territorial jurisdiction, or is preoccupied by conflict, or where its administrative capacity has effectively collapsed, the challenge of service delivery takes on a different shape.

2-2: **What is Service Delivery?**

The definition of service delivery is adapted from the DFID PRDE team [24]

Service Delivery is conceptualized as the relationship between policy makers, service providers, and poor people. It encompasses services and

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[20] - Asian Development Bank. Op.Cit.p.2

[21] - Asian Development Bank. Op.Cit.p.2

[22] - Asian Development Bank. Op.Cit.p.2

[23] - Asian Development Bank. Op.Cit.p.2

[24] - Torres, M. M.et.al (2004)

their supporting systems that are typically regarded as a state responsibility. These include social services (primary education and basic health services), infrastructure (water and sanitation, roads and bridges) and services that promote personal security (justice, police). Pro-poor service delivery refers to interventions that maximize the access and participation of the poor by strengthening the relationships between policy makers, providers, and service users.

1-2-2: **Pro-poor service delivery:**

Pro-poor service delivery rests on the principles of[25]:

> -Universal access and coverage on the basis of rights;
> -Commitment to equity;
> -Community participation in defining and delivering services.

2-2-2: **Why does service delivery in difficult environments matter**?

There are several reasons given for this renewed interest in poor performing countries, including:[26]

- Difficult environments are not on track to meet the MDGs.
- Poor governance mechanisms inhibit poverty reduction and pro-poor service delivery.
- Difficult environments generate adverse externalities regionally and globally (such increased potential for conflict or supporting organized crime);
- Ethical and humanitarian reasons require continued engagement.
- Difficult partners inhibit the exchange and growth of global public goods such as eliminating infectious diseases, improving the environment and enhancing trade opportunities.
- As with understanding the reasons to engage with difficult partners, there are a MDGs) won't be achieved;
- There is a humanitarian imperative to intervene where people's access to basic services has been reduced, or indeed withdrawn;

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[25] - Sondorp, Egbert. et.al (2005)

[26] -Ibid.p.4

- Service delivery may offer an entry point for triggering longer term pro-poor social and political change;
- Service delivery may help to prevent some states from sliding into, or back into, civil conflict.

These are all compelling reasons to attempt to engage with difficult development partners and to find approaches that work towards ensuring poor people living under difficult regimes can benefit from good quality, accountable and sustainable basic services.

III- Background: the Child-Friendly Community Initiative[27]:

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, characterized 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

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[27]- This part is adapted from Magüi Moreno-Torres (2005), Service Delivery in Difficult

Environment the Child-Friendly Community Initiative in Sudan, Poverty Reduction in Difficult

Environments Team

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 mobilization, 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.

C-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.

F-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 dropout 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.

G- 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 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). 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
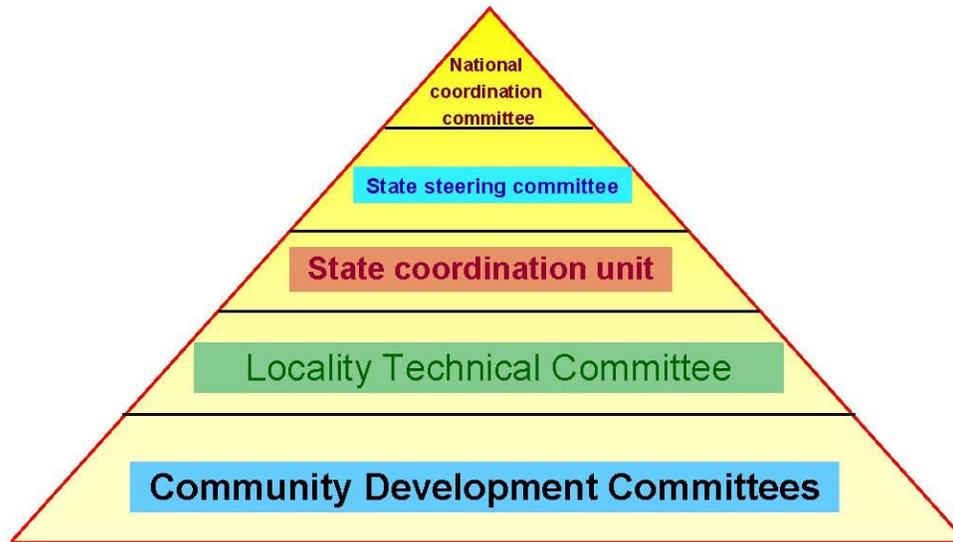
Source: Torres, Magüi, Moreno (2005).

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 prioritization of PPAs).

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 decentralization process in Sudan In only very few cases 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.

IV-Materials and Methods:

For the purpose of this study, the community data base which was updated in (2005) taken as the population for this research, having the list of all (CFCI) communities with corresponding population and households. Therefore the two levels of data collection were used from the total population as follows:

(a) The Community Development Committees (CDCs) level which is considered in the CFCI approach as a semi autonomous entry mandated to be responsible for planning, policy formulation and implementation of the annual programme.

(b) The Household level.

The Sample Size:

Among others, the sample size is normally determined by two major factors, availability of resources needed for the data collection and the degree of precision required in the data result. The sample was selected according to the levels of population sizes mentioned above.

At the level of the community development committees 13 out of 39 communities were selected using the systematic sampling technique.

At household level 114 out of 7275 household were selected by the random sampling technique.

Procedures of Data Collection:

The data collected were focused on two main topics, the community development committees and the households. The community development committee questioner was fairly filed by using the Participatory Learning and Action (PLA)[28] tools as a method of data collection with the community development committees' members. A total of 13 community development committees were questioned out of the 39 community development committees. While in the household questioner the village center was identified, then divided the questioners format equally by four (the directions). The starting side begins by using the pen direction randomly, and then the respondent was chosen as the third household in the cluster by passing the coming households and so on. A total of (114) households or respondents were questioned from the total population 7275 households.

The dependent variable used for the multi sectoral data were as follows;

1-for the education sector the enrollments and dropout of the school aged children was depended on the respondent main job, the respondent's level of education.

2- For the health sector the immunization coverage depended on the numbers of children targeted by immunization for both the household

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[28] PLA is a process that enables community members to 1) participate in data collection; 2) analyze their needs; 3) identify possible solutions to meet those needs; and 4) develop, implement, and evaluate a plan of action.

and the community development committees (the children under one year old).

3- For the water sector, the safe drinking water coverage was depending on the number of population benefited and the water sources availability.

4- The institutional capacity building that depends on community organizations that participate in services delivery at grass-roots level.

Data Analysis

The data collected in this study yielded quantitative and qualitative data as follows:

* Quantitative data: covers the services delivery achievements.

- Educational sector, the variables to be analyzed in this sector includes: The enrolments of the basic school aged children and the CFCI inputs provided for education

 - Health sector: the variables to be analyzed include immunization coverage of the under one year and the CFCI inputs in primary health care.

- The Water sector: the variables to be analyzed include population covered by safe drinking water and the CFCI inputs in water.

* Qualitative data: includes the following:-

- The community Capacity building, the variables to be analyzed include the attendance of training programmes

 - The community empowerment, which includes the analysis community participation in project planning, implementation, monitoring, and evolution.

Data Limitations and Problems Encountered

The main shortcoming of this study is that, data from *Shaaria* locality (One of the areas benefited from the CFCI project) was not collected, due to security reasons. Furthermore, in the field survey the major problem emerged almost in every community was that some of the respondents are out of the area under focus during data collection.

IV-Results and Discussion:

This section analysis the main achievements of the CFCI programme in the study area in terms of its stated goals, notably: Service delivery, capacity building and community empowerments.

Services Delivery Achievements:

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

The Educational Services

CFCI has been able to deliver basic educational services to the targeted communities in collaboration with the State Ministry of Education. These services include:

- Raising awareness among parents and community members on the need to send their children to school and advocating this issue to increase the enrolment rate.
- Improving the schools environments.
- Thus CFCI has been successful at addressing, to different extents in different settings, both supply and demand for education.

The data analysis reveled that, the enrolment in basic education increased by 44 percentage points for male, and 38 percentage points for female, meanwhile the drop out reduced from 2% to 0.2% for male and from 5%to 0.3% for female in 13 CFCI communities as a result of improved school environment, this progress is shown in table (3.1) and (3.2) respectively.

Table (2) Enrolled children in the study area 2002.[29]

Community name	Female School age	male school age	Male enrolled	Female enrolled	Male dropout	female dropout
Elsuar	364	344	87	52	4	3
Ramees	685	700	0	0	3	1
nimri	668	641	87	66	2	3
Abu saida	663	442	60	43	0	4
bigarra shail	303	291	0	0	2	2
hagliga	373	364	73	52	2	2
Abury	352	361	77	56	1	3
Dorso	368	339	82	76	3	4
krand	267	332	90	74	2	2
yara	610	590	116	96	0	5

[29] The ratios of children at school age female to male in the year 2002 were 50.2% to 48.8 % respectively.

Elnibege	267	276	86	45	2	1
Abiat Tabeldi	312	306	88	75	1	1
Sarmbaga	297	286	92	69	0	2
total	5529	5272	938	704	22	33
%	51.2%	48.8%	18%	12%	2%	5%

Source: (Field survey, 2006).

Table (3) Enrolled children in the study area (2006) [30]

Community name	Female School age	male school age	Male enrolled	Female enrolled	Male dropout	female dropout
Elsuar	445	429	287	231	2	2
Ramees	835	864	638	582	1	1
nimri	823	791	317	195	2	1
Abu saida	611	546	412	406	0	0
bigarra shail	373	359	206	174	2	2
hagliga	458	450	330	275	0	1
Abury	432	450	288	217	1	0
Dorso	453	419	275	230	1	0
krand	437	412	197	183	1	0
yara	755	725	446	397	0	0
Elnibege	327	341	214	165	0	2
Abiat Tabeldi	387	377	163	97	0	0
Sarmbaga	367	353	242	215	0	0
total	6703	6516	4015	3367	10	9
%	50.7%	49.3%	62%	50%	0.2%	0.3%

Source: (Field survey, 2006).

 Health Services:
  With regard to health services, the relationship between the objective
and the activities required to reach them was less dependent on CFCI
inputs. The Federal 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

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[30] The ratios of children at school age   female to male in the year 2006 were 50.7 % to 49.3 %
respectively.

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 meant CFCI communities have been prioritized by the Ministry of Health at the federal and state levels.

Based on the analysis of data collected from the study field survey, the result is that, Access to immunization of children less than one year reached 91% in 13 CFCI communities as shown in the following table. Those 31 children under one year out of 34 children in the study were fully immunized.

Table (4) Immunization coverage of children under one year:

Locality of respondent	are all the children targeted immunized	N	Mean
	Yes	31	2.55
	no	3	3.00
	total	34	

Source: (Field survey, 2006).

Water Services:

With regard to water services, the data analyzed reviled that, the access to improved water supply was increased by 20% (from 53 % to 73%), as shown in table (3.3). An addition of more than 11,000 of the poor people in the study area have access to improved water supply facilities as a result of provision of one new water yard, three hand pumps , one new Haffeer & and one new mini water yard.

Table (5) Water Coverage in the Study Area: [31]

Community Name	2002			2006		
	Population	Water source	% coverage	population	Water source	% coverage
Abiat	1943	water yard	100%	2287	water yard	100%

[31]- Water yard covered (5000, Hand Pump 500, Haffeer 2000 and Mini Water yard 2500) of the population

Tabeldi						
Abu saida	3915	non	0	4617	Water yard	100%
Abury	2342	water yard	100%	2758	water yard	100%
bigarra shail	1945	water yard	100%	2293	water yard	100%
Dorso	2312	the valley	0	2726	Hand pump	18%
Elnibege	1770	water yard	100%	2087	water yard	100%
Elsuar	3164	water yard	100%	3730	water yard	100%
hagliga	3265	water yard	100%	3849	water yard	100%
krand	2273	the valley	0	2680	Hand pump	18%
nimri	4280	non	0	5046	hafeer	20%
Ramees	4609	water yard	100%	5435	water yard	100%
Sarmbaga	1913	the valley	0	2253	Hand pum	22%
yara	3928	the valley	0	4628	Mini water yard	76%
Total	37659		53%	44389		73%

Source: (Field survey, 2006).

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.

State government staff as well as 364 Community Development Committees members was trained in project planning, resource allocation, implementation, information management, and evaluation. Additionally, CFCI Coordination Unit staff has received technical training for specific sectoral programmes. Furthermore, 14 had received specific training in communication and social mobilization. The CFCI database has also provided a foundation for staff in state governments to plan and analyze development needs. This was stressed as a very positive outcome of CFCI in South Darfur state. 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).

The field Survey interviews highlighted the following as the right conditions for capacity building at state level:

i- Buy-in to the approach, particularly to building the demand-side of service delivery,

ii- A willingness for the State Steering Committee to re-assign staff and resources for the CFCI programme,

iii- Strong supervision and monitoring from State Steering Committees (the Steering Committees was weak, met seldom or was not function).

Community Empowerment

The communities 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 mobilizations function of CFCI has expanded the menu of activities undertaken in villages beyond the original children-focused services. For instance, although a livelihood is not a CFCI objective, it has been taken forward by several women's subcommittees. In Yara, as part of the field survey, the women's subcommittees explained they have focused their work on expanding women's livelihood activities, they collected some money to acquire small machinery for processing grains and produce tomatoes jam, making dray food for sale. They also requested some money from CFCI to support their income generating activities, this initiative.

According to various informants in *Nimry,* activities like the open discussion on child rights have brought about changes in behavior, 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 are more acceptances of local women getting training to become midwifes or community health workers but in general, 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 internally displaced people (IDPs), the major constraint on CFCI's educational agenda is getting the extremely poor (in many cases orphans) children to attend school. In *Kass* locality many of these communities are displaced to *Kass* IDP Camp's, CFCI has carried out targeted mobilization efforts and, in most cases, successfully enlisted the help of CDCs to sustain school attendance of these children.

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

the section on sustainability**,** the field Survey interviews highlighted the following as the right conditions for community mobilization and inclusion to be effective:

a- Managing expectations.

b- Focusing mobilization 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-centered activities.

e- Approaching all interventions in a very context-sensitive way.

IV-Concluding Remarks:-

The UNICEF- sponsored Child-Friendly Community Initiative (CFCI) model provides valuable lessons about what donors can do differently in difficult environments to improve poor and vulnerable people's access basic services (education, primary health care and safety drinking water) and to strengthen the state's capacity and responsibility for pro-poor service delivery. It provides a good entry point for donors to engage in service delivery as a key entry trigger for longer-term pro-poor social, political and economic change in areas where governments lack capacity and/or willingness to deliver such services to poor and vulnerable people. It also provides a good locus to deepen partnerships with other donors and NGOs and could potentially play a coordinating role as a mechanism to best support community recovery through integrate services.

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List of Acronyms:

CDC   Community Development Committee
CFCI   Child-Friendly Community Initiative
CFVI   Child-Friendly Village Initiative
 DAC   Development Assistant Committee
DFID   Department for International Development's Division
DMC   developing member country
DRF   Drug Revolving Fund
DRC   Democratic Republic of Congo
GDP   Growth Domestic Product
GOS   Government of Sudan
INGOs   International Non-Governmental Organizations
IRC   International Rescue Committee
IRW   Islamic Relief Worldwide
JAM   Joint Assessment Mission
MDGs   Millennium Development Goals
MIC   Ministry of International Cooperation
MICS   Multiple-Indicator Cluster Survey
NFSS   National Fund for States' Support
NGOs   Non-Governmental Organizations
OECD Economic Cooperation and Development
PRSPs   Poverty Reduction Strategy Papers
PPA   Project Plan of Action
UK   United Kingdom
UN   United Nations
UNICEF   United Nations Children's Fund
USAID   United States Agency for International Development
WB   World Bank