Report of the

MID-TERM EVALUATION
Of the
CHILD-FRIENDLY COMMUNITY INITIATIVE (CFCI)

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LIST OF ACRONYMS

APO	Assistant Project Officer
CDC	Community Development Committee
CFCI	Child-Friendly Community Initiative
CFVI	Child-Friendly Village Initiative
CHP	Community Health Promoter
CHW	Community Health Worker
CRC	Convention on the Rights of the Child
DG	Director General
DRF	Drug Revolving Funds
EPI	Expanded Program in Immunization
GOS	Government of Sudan
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICBD PO	Integrated Community-Based Development Project Office
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IFAD	International Food and Agricultural Development
IRW	Islamic Relief Worldwide
MIC	Ministry of International Cooperation
MICS	Multiple-Indicator Cluster Survey
MOE	Ministry of Education
MOH	Ministry of Health
NFSS	National Fund for States Support
NGO	Non-Governmental Organization
PLA	Participatory Learning for Action
PPA	Project Plan of Action
RPPB	Rights, Protection and Peace-Building
SD	Sudanese Dinar
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TT	Tetanus Toxoid (Immunization)
UNICEF	United Nations Children's Fund
WES	Water, Environment and Sanitation
WID	Women in Development

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EXECUTIVE SUMMARY

The Child Friendly Community Initiative (CFCI) is an integrated, intersectoral and community-based approach to achieving sustainable improvements in the lives of rural children and women. As a component of the mid-term review of UNICEF's 2002-2006 Country Programme of Co-operation, a mid-term evaluation of CFCI was conducted during September/October, 2004. Since a sample survey measuring a change in the key indicators since the baseline would be premature at this time, the evaluation was a formative appraisal aimed at reviewing the appropriateness of the overall approach, and examining its current level of implementation in a sample of vulnerable communities that were selected for participation in CFCI. The evaluation team, led by an external consultant, visited eight of CFCI's twelve focus states. The team interviewed or facilitated discussions with key informants that included community members, members of community and state-level structures introduced by CFCI, pertinent UNICEF staff members, partners in government at all levels, and NGO representatives.

CFCI was found to be an appropriate, relevant and generally well-designed approach to achieving improvements in the well-being of children by instituting sustainable community and state-level structures. Its pace of implementation, however, varies significantly between states. The high-performing focus states demonstrate that CFCI can be successful under the right conditions. In order to realize the long-term sustainability that will justify its costs, however, it must gain a greater level of support and commitment from sectoral partners at the state and, in particular, national levels, than it has achieved up to this time.

CFCI could demonstrate few tangible achievements in 2002 and 2003, in part because of an excessively complex and time-consuming village selection procedure, and in part because community development programs such as CFCI invariably require an added investment in time, human resources and financial resources. All partners agreed that implementation is picking up momentum in 2004, however, and of 16 communities visited, all had carried out at least one community project under the leadership of a Community Development Committee (CDC) that had been trained and monitored by a state-level CFCI Coordination Unit. A few had received the entire planned package of services and are preparing for possible graduation in 2005.

Although much has been achieved, CFCI Coordination Units and CDCs have faced a number of serious constraints that have limited their ability to implement their plans of action. The most serious are: 1) armed conflict and displacement, 2) lack of access by road during the wet half of the year 3) delays in the release of funding, and, 4) perhaps most important of all, the inability of partners in government to meet their planned financial contribution to CFCI. Implementation has also been delayed and impeded by the project's commitment to finding and working in the most remote and disadvantaged communities. There is an inherent contradiction between the CRC-inspired goal of providing essential services to the most vulnerable children in the most inaccessible

locations and the goals of broad coverage and efficiency – providing as high a level of services as possible to the greatest number of children at the lowest cost. A careful compromise might allow UNICEF to make more efficient use of human and financial resources while still serving underserved and vulnerable children and women.

Commitment to the CFCI concept and approach was most visible at the lower levels of the management structure. The bulk of CFCI's financial resources have been concentrated on building the capabilities of CDCs and, to a lesser extent, CFCI Coordination Units. It is therefore not surprising that praise and support for CFCI were expressed most consistently at the CFCI Coordination Unit and community levels. Functional structures had been established at these levels in most of the sites visited by the team. Community Development Committees in most (though not all) sites were seen to have achieved broad participation and "ownership" of CFCI plans and activities. CFCI has made only very limited progress toward gender empowerment, however, 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.

State- and locality-level support and commitment to CFCI was found to vary considerably between states. CFCI Coordination Units in the best-performing states has received strong supervision and monitoring from their State Steering Committees, but in the worst-performing states, the Steering Committees were weak, met seldom or were not functioning. The members of State Steering Committees in half the states visited were found to be unable to spare the time needed to work closely with CFCI Coordination Units. The top officials in state-level Ministries, then, are not the appropriate choice for membership on the body that is responsible for providing the high level of supervision and technical assistance needed on a continuing basis by the Units. To fill this gap, Blue Nile state has successfully pioneered the concept of a State Technical Committee that can devote a greater level of effort to monitoring and providing technical assistance to CFCI Coordination Units and communities.

Endorsement of and commitment to the CFCI concept and approach were found to be weakest at the federal level. Commitment from UNICEF itself has been inconsistent, and some federal line Ministries have been largely bypassed in the implementation and monitoring of CFCI. A National CFCI Coordination Unit was constituted at the initiation of the project, but has met only once. It is essential to the long-term success of CFCI that this body be activated and linked closely to the State Steering Committees. Strong support from the federal line Ministries is crucial if CFCI is to have the authority to insist that PPAs be honored and that CFCI communities be prioritized to receive the services they have requested.

On the basis of these findings, the following recommendations are offered:

<u>General and Structural Recommendations</u>

- CFCI is an approach that should be continued and expanded if sufficient financial resources can be found to enable it to succeed.

- Stronger support for CFCI among federal line Ministries should be built by activating the National Coordination Unit, scheduling quarterly review and oversight meetings for the Unit, and gaining its full commitment and support through an intensive orientation and planning workshop for its members.

- Successful elements of CFCI in the states and communities where it is working well should be standardized and developed into models for replication in new and less successful states/communities. Exchange visits and short training modules conducted in successful sites should be part of this modeling process.

- State Technical Committees, based on the successful model pioneered in Blue Nile State, should be organized from Dept. of Planning and line Ministry technical staff, in order to provide close monitoring and guidance to CFCI Coordination Units that the top officials on the State Steering Committee are unable to provide. The Technical Committee members should themselves be senior enough to wield influence within their home Ministries.

- In each state, the Ministry of Finance, Planning Department, should coordinate the activities of all development and relief organizations working in the state. The Ministry should utilize its authority to rule that all organizations must work through a single set of structures, institutions and procedures in a given village (though these may vary from village to village). In addition, UNICEF CFCI should investigate opportunities for collaborations with sister UN agencies that could open the way for introducing new components, such as agricultural improvement, to CFCI.

- Once they are fully formed and vested with their legal responsibilities, the Localities that are host to CFCI villages should be formally represented in the structure of planning, monitoring and evaluation for CFCI. A Locality CFCI Technical Committee should be formed that includes the Locality Commissioners, Executive Officers, chiefs of the sectoral departments for the Localities, and heads of the Administrative Units that include CFCI communities. This body should advise the State Steering or Technical Committee on local affairs; and its sectoral focal persons should accompany the CFCI Coordination Unit members on monitoring visits to communities.

- CFCI should provide training in participatory planning, monitoring and evaluation to more community members (especially women) in existing CFCI communities, in order to widen the sense of ownership and participation within the community, and to provide substitutes in case any CDC members resign from the committee. In particular, the members of the various subcommittees should participate with CDC main committee members in planning, monitoring, evaluation and community mobilization training modules; and in addition, they should receive an orientation and basic information concerning the sector their subcommittee will represent.

- To prevent the type of premature expansion that has derailed implementation in some areas, no expansion to additional communities is recommended until all Phase I and

II communities have been fully trained and have successfully carried out at least one community project.

- To ensure that planning is based on solid information, it is recommended that CFCI Coordination Units should produce updated state-level status reports on activities and key indicators every quarter, and use them in quarterly planning meetings with State Steering or Technical Committees.

- A follow-on project to CFCI should be developed. It should follow a similar model with certain modifications suggested by the findings above:
  - a.) UNICEF should build stronger support from the outset among federal line Ministries, through vigorous advocacy and through activation and training of a functional, accountable National Coordination Unit.
  - b.) At the state and locality levels, Technical Committees should be created to provide the intensive monitoring and technical assistance to CFCI Coordination Units that most State Steering Committees are unable to provide – and to act as champions or advocates for CFCI within their home Ministries.
  - c.) Target sites should be identified in terms of the most disadvantaged Mahaliyas (localities) rather than isolated communities. Synergies can be achieved by approaching the Mahaliya as an interacting organic whole, in which activities focus upon the most vulnerable communities, but communities interact freely to share resources, personnel, experiences and lessons learned. To supplement CFCI staff, Mahaliya-level technical staff in all sectors should be engaged in training, planning, implementation and monitoring of CFCI activities.

Sector-Specific Recommendations

Primary Education:

- As a test of the community schools approach, the CFCI Final Evaluation should include an assessment of the quality of education in community schools established through the mechanism of CFCI.

- In culturally conservative areas, CFCI should advocate the creation of separate classrooms for girls, as well as training of female teachers, to discourage households from withdrawing older girl students.

Health and Nutrition:

- UNICEF should advocate for a program throughout Sudan that will provide for the health needs of small communities. The problem of the need for a trained health worker who can diagnose and dispense essential drugs must be addressed if the health care rights of children in small and remote

communities are to be met. This gap should be filled – either by trained CHWs, CHPs with supplementary training, or by extended mobile services.

- Establishing fixed immunization sites that can operate during the rainy season appears to be a promising means of increasing full immunization rates, and CFCI should advocate this approach for CFCI villages.

Water, Environment and Sanitation:

- To prevent loss of confidence in the CFCI approach, CFCI Coordination Units should not allow community expectations to exceed the capacity of WES to meet them. They should also keep CDCs and their communities fully informed about the status of their requests for new water points and latrines.

- In areas where wells cannot be drilled, UNICEF should support the improvement of *hafirs* (rain water collection systems) as a best-alternative means of providing clean water to communities.

Rights, Protection and Peace-Building

- During the second half of CFCI, CFCI UNICEF should consult with the more dynamic and successful women's subcommittees to identify activities that women feel are of benefit to them and that promote active involvement of women in community life. NGO partners should be sought who could support income generating activities, based on the model pilot tested in a community of El Gedarif state, for women's subcommittees in other states.

- A Child Protection Subcommittee should be added to the CDCs to coordinate a larger network of concerned persons, to advocate against FGM and recruitment of child soldiers, and to assist demobilized child soldiers to be reintegrated with their home villages.

1. Background and Introduction

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. CFCI is a key component of UNICEF's 2002-2006 Master Plan of Operation. The current Master Plan represents a departure from the previous Plan, in that it has a stronger but more limited geographic and programmatic focus. Information had emerged through the Multiple Indicator Cluster Survey (MICS 2000) and Safe Motherhood Survey (1999) that revealed wide disparities between states for most key indicators of maternal and child well-being. For example, 78% of girls and 75% of boys attend school in River Nile State, while only 47% of girls and 50% of boys attend school in South Darfur State.

These disparities may be explained by a number of factors. Primary among them is the country's long history of civil war, which has destroyed infrastructure and blocked development in some sections of the country. In addition, government resources have been concentrated in Sudan's urban areas, to the relative disadvantage of its rural population. As a result, remote rural communities, particularly in war-affected areas, have fallen far behind in achieving significant improvements in children's health, education and well-being.

One consequence of these disturbances is that Sudan has lost ground on certain indicators that are of central concern to UNICEF, such as full immunization coverage. Full immunization coverage of 12-month-old children had reached 80% by 1990. A decade later, it has fallen to the point that less than half of all one-year olds (46-47%) are fully immunized. Concerns were expressed to the effect that UNICEF's Country Program was spread too thinly to achieve maximum impact on this and other key indicators, and that UNICEF's previous nationwide program was too broad overall. The decision was reached, therefore, to emphasize the most vulnerable groups and geographic areas, and to focus upon four strategic thrusts: 1) child rights and peace building, 2) support of key national policies and programs that can result in sustainable improvements in the lives of children and women, 3) sectoral, community-based field activities in the most disadvantaged states and communities, and 4) emergency preparedness. The CFCI approach is an expression of these strategies, in that it is a community-based method of implementing interventions that will benefit children and women in the most disadvantaged states, localities and communities.

The CFCI was initiated in 2002, and is scheduled to complete its work in 2006. 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. The CFVI's strategy of organizing villages to take responsibility for planning and executing local development activities has proven to be an effective approach to improving the well-being of children and their mothers. The CFCI approach is based on this model, but it deviates from the original model as a result of lessons learned during the implementation of CFVI. First, the CFVI selected target communities on the basis of demand. Communities with the capacity to approach UNICEF and request assistance, however, are seldom among the

most disadvantaged or powerless. The CFCI has corrected this problem by identifying the most vulnerable states, localities and communities on the basis of key indicators measured by survey. This approach is consistent with UNICEF's commitment to promoting the Rights of the Child in all its programming. By reaching the "hard to reach child" in remote and extremely disadvantaged areas, CFCI is supporting these children's rights to health care, education, safe water, adequate sanitation, etc.

Second, although CFVI activities were carried out in partnership with government line ministries and other organizations, the CFVI unit was poorly integrated with UNICEF's sectoral units. CFVI had its own budgetary resources for activities at that time, supported by UNICEF Committee, Canada. The design of the CFCI, by contrast, does not include budget line items for sectoral activities. This is a deliberate omission that ensures that activities will actually be carried out by UNICEF's sectoral units in collaboration with the appropriate line ministries. Improved integration within UNICEF will eliminate redundancies and ensure that sectoral expertise is utilized in the development, implementation and evaluation of all CFCI interventions.

The CFCI, therefore, could be described as an approach rather than a project per se. Its main functions are coordination, capacity building and community mobilization. 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. The objectives of the CFCI are the following:

CFCI Objectives:

- 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.

- Ensure that by 2003, at least 25% of CFCI selected communities have improved the four key indicators: full immunization coverage of 1-year-old children, skilled birth attendants at deliveries, primary school enrollment ratio and access to safe drinking water.

2. Design of the CFCI

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. Its principal aim is to improve the condition of children and women in vulnerable communities through participatory community planning, implementation, and monitoring and evaluation. The CFCI also seeks to promote a rights-based approach through advocacy and by strengthening the public services that benefit children. The results of the CFCI will be measured by a set of key indicators, including the following:

CFCI Indicators:

3. Reach and sustain immunization levels of 85% or more for children under one year of age with all six antigens, and 80% or more of women of childbearing age receive at least two doses of tetanus toxoid (TT) vaccine.

4. All deliveries are attended by a trained health worker.

5. At least 80% of school aged children are enrolled in Basic Education.

6. The school drop out rate is reduced to 25% or less.

7. All villagers have access to safe drinking water.

8. More than 50% of households and 100% of schools have latrines.

9. Sustainable structures for local planning, implementation and monitoring are established.

10. All villagers are aware of children's rights.

When this set of indicators is achieved in a CFCI community, 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..

2.1. Community Selection Process

The selection of participating communities was based on a series of sample surveys. On the basis of the Multiple Indicator Cluster Survey, Safe Motherhood Survey and other data sources, Sudan's 16 northern states were ranked on critical factors such as infant, child and maternal mortality rates, the percentage of children of primary school age not enrolled in school, percentage of girl children not enrolled in school, literacy rates, full immunization coverage, malnutrition rates, access to safe drinking water and sanitary waste disposal, diarrhea incidence rates, HIV/AIDS knowledge and access to key public services such as primary health care and trained birth attendants, and a wealth index analysis. States were classified onto three categories on the basis of the findings: highly vulnerable, medium vulnerable, and less vulnerable. The nine most highly vulnerable states were selected for inclusion in the program. In addition, CFCI selected the three areas of southern Sudan that are now accessible, on the understanding that decades of conflict have rendered the entire south highly vulnerable. The twelve focus states identified by CFCI are the following:

Northern CFCI States:

South Kordofan	North Kordofan	West Kordofan
North Darfur	South Darfur	West Darfur
El Gedarif	Kassala	Blue Nile

Southern CFCI States (Accessible Areas in the South)

Upper Nile	Bahr El Jebel	West Bahr El Ghazal

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, CFCI did not possess sufficient resources to cover all 2328. Instead, 354 of the "worst of the worst" were included in Phase I of operations (2002-2003) and an additional 49 new communities 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.

2.2. Structure and Staffing

National Level: Although CFCI is primarily a collaboration between UNICEF and the state-level Ministries, planning 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). At UNICEF, the Integrated Community-Based Development Program Officer (ICBD PO), together with CFCI Assistant Project Officer, performs core functions such as: 1) coordinating the input of UNICEF's sectoral units into CFCI's program and activities; 2) incorporating the states' Project Plans of Action into a national PPA annually; 3) training state CFCI Coordination Units as trainers of community volunteers; 4) monitoring the performance of the Coordination Units and of the program overall; and 5) maintaining liaison with MIC, NFSS, state Steering Committees, other donors, and NGOs.

The MIC is the Government of Sudan's designated counterpart for all United Nations development organizations and activities. The Ministry has a designated CFCI Coordinator, and it participated in the design of the program and in the survey of states, localities and communities. The MIC contributes to the overall monitoring of the progress of CFCI by participating in field supervisory visits, by preparing and reviewing quarterly and annual reports, and by chairing an annual review meeting that includes representatives of the focus states, NFSS, line ministries, and UNICEF.

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.

This includes the disbursement of funds to CFCI. 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 dispersal to the state. The funds are released in tranches, depending upon successful completion of the activities supported by the previous trance. The NFSS also participates in field monitoring visits and other supervisory activities for CFCI.

UNICEF Level: To ensure that the sectoral units within UNICEF are participating fully in the oversight and monitoring of CFCI, a CFCI UNICEF Task Force meets at least once a quarter. Task Force members also make field visits to CFCI focus states and communities twice a year. Their role in CFCI is to monitor the progress of sectoral interventions, to ensure that community priorities are incorporated in UNICEF's sectoral Project Plans of Action, to liaise with the sectoral line Ministries, particularly when problems arise, and to advocate for the CFCI concept, approach and priorities within these Ministries.

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 Director Generals (DGs) of the state line ministries. The Minister of Finance chairs a State CFCI Steering Committee, whose members include the DGs of the Ministry of Health, the Ministry of Education, the Ministry of Engineering and Urban Utilities, and the Ministry of Social and Cultural Affairs. The Committee is co-chaired by the Director General of the Ministry of Finance, while the secretary is the Director of Planning for the state. The Steering Committee provides oversight and guidance to the CFCI Coordination Unit, and it reviews and approves an Annual Project Plan of Action (PPA) that has been prepared by the Coordination Unit from a compilation of PPAs submitted by the CFCI communities. Its meetings are attended by the Coordination Unit and by selected chairpersons of Community Development Committees. In some states, the Steering Committee has appointed a Technical Committee to provide any technical assistance needed by the CFCI Coordination Unit. The original plan of CFCI called for an additional Locality Technical Committee to be chaired by the Director of the locality, but a recent re-structuring of local government and administrative boundaries has resulted in the disbanding of most Locality Technical Committees.

The CFCI Coordination Unit 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. The Unit is comprised of focal point persons assigned from state level ministries. The CFCI Coordinator is a staff member of the Ministry of Finance, Dept. of Planning, who is seconded full-time to CFCI. In addition, the Ministries of Health, Education, Engineering and Urban Utilities, and Social and Cultural Affairs are asked to second a full-time focal point person to the Unit. It is, however, a rare Coordination Unit that has a full-time member from all the involved ministries. UNICEF Khartoum provides a Training of Trainers (TOT) program to the members of the CFCI Coordination Unit; and UNICEF visits each Unit at least twice a year for monitoring and supervision.

After completing their training, the CFCI Coordination Units visit target communities to inform them about CFCI, explain the program in detail, and solicit nominations for a Community Development Committee (CDCs). Once the communities have chosen their CDC members, the CFCI Coordination Unit then trains them to implement the program in their communities. Between training modules and after training has been completed in each community, Coordination Unit teams visit the target communities on a regular basis (usually twice monthly although less often in inaccessible areas) to offer support and technical assistance with routine implementation.

<u>The Community Level:</u> At the level of the community, the CDC is selected in a general meeting of the community. The community is asked to choose four men, four women, a male youth and a female youth, to serve on the committee. In some communities, posts such as the CDC Chairman, Secretary and Treasurer are also chosen by the entire community. In others, these offices are assigned by the CDC members themselves. The CDC members are prepared for their role as the primary implementers of CFCI at the community level by participating in three training modules:

- Effective Participatory Planning, Monitoring and Evaluation
- Social and Community Mobilization
- Operating and Managing a Drug Revolving Fund.

These training modules are designed to equip the CDC members with the skills they will need to mobilize and organize their communities, to lead community members in Participatory Learning and Action (PLA) exercises aimed at establishing needs and priorities, to identify local resources and assign tasks, and to monitor the progress of their community based on CFCI key indicators. They are also trained in the financial management of revolving fund systems. Establishment of a successful drug revolving fund in all CFCI communities is a goal of the program, but CFCI also institutes revolving funds in many communities for educational materials and mosquito bednets.

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.

3. The Midterm Evaluation

This midterm evaluation of CFCI is expected to be a significant component of the mid-term review of UNICEF's 2002-2006 Country Programme of Co-operation. In addition, its major findings and conclusions will be shared with key partners and stakeholders at a workshop that will be held in Khartoum. The evaluation's purposes were to:

- Assess the appropriateness of the Child Friendly Community Initiative as a sustainable community-based approach to ensuring participation and ownership of the 2002-2006 Country Programme,

- Determine whether changes in Sudan's political and socio-economic contexts, in the situation of children and women, and/or in UNICEF policies and emerging issues warrant changes in CFCI's operational modalities, objectives, strategies or programmatic contents, and

- Provide recommendations for adjustment and alignment in the Country Programme goals on the basis of constraints identified and lessons learned during implementation of CFCI to date.

3.1. *Scope and Limitations of the Evaluation:*

After less than two years of actual field implementation, the CFCI an evaluation of the program's impacts would be premature. For that reason, a sample survey measuring a change in the key indicators since the baseline is not appropriate at this time. The midterm evaluation was primarily a formative appraisal aimed at reviewing the overall approach and examining its current level of implementation in a sample of vulnerable communities that were selected for participation in CFCI. The goals of the evaluation included assessment of the relevance and appropriateness of the CFCI concept from the perspective of a child rights-based approach. It also examined the effectiveness and efficiency of CFCI on the ground, in terms of its achievements in capacity-building, community empowerment, development of partnerships, improvements in service delivery, and cross-sectoral integration. More specifically, the evaluation team addressed the following research questions:

- How appropriate and relevant is the CFCI concept and approach?
- What are the innovative and controversial features of CFCI, and to what extent have partners and stakeholders understood and accepted them?
- How effective has CFCI been to date in implementing this design -- establishing a viable structure, facilitating intersectoral coordination, in achieving its sectoral objectives?
- How efficient is CFCI in using resources and achieving broad coverage? Have financial obligations been met by all partners, and have resources been utilized as planned?
- How efficient is CFCI's monitoring and evaluation system – including data collection, management, reporting and the use of data for planning and decision-making?
- Has the CFCI approach empowered communities, generated a sense of ownership of program activities, and broadened the participation of women and youth in decision-making and planning?
- What obstacles and constraints have been encountered during implementation of CFCI, and how have they been resolved and overcome?
- How sustainable and replicable are the structures and improvements introduced by CFCI?

Section 4 will summarize the findings for each of these questions.

3.2. Methodology and Procedure

The evaluation team was comprised of an independent evaluation consultant, UNICEF's CFCI ICBD PO and Asst. Project Officer for CFCI, a representative of the Ministry of International Cooperation, and the Coordinators of state CFCI Coordinating Units. In some states, the UNICEF APO joined the team as well. In Khartoum, members of the evaluation team met with representatives of the MIC, the NFSS, and UNICEF's Section Chiefs to obtain their views on the progress of the program to date and the constraints it is encountering. Time and travel constraints[1] prevented the team from visiting all twelve focus states; but the team was able to visit eight of the focus states during the evaluation period. These states were Western Bahr El Ghazal, South Kordofan, North Kordofan, Upper Nile, Blue Nile, North Darfur, Kassala and El Gedarif states. In each of these states, the team met and discussed the program with the Minister and DG of Finance, the CFCI Steering Committee and the CFCI Coordination Unit. In states with Technical Committees or functioning locality leadership bodies, the evaluation team also met with representatives of these units.

The team then visited two communities in each state to observe the program's achievements in these communities, to identify any obstacles that the community was facing, and to assess the extent of participation and ownership that had been achieved, particularly among women and youth. The CFCI Coordination Units arranged these visits on the basis of the evaluation team's request that they select one high-performance community and one weak community. In each community, the team discussed CFCI first with a group of randomly selected community members, and then with members of the CDC. These discussions were loosely directed by a set of question guides (Annex 1) that had been developed to structure the discussion. These discussions had the following goals:

- To ascertain to what extent the program was actually operating according to its formal design and structural mandates at the community level,
- To assess the level of community ownership and empowerment, and the bredth of community participation (including participation of women and youth), that has been achieved,
- To assess the degree to which community members understand and support the goals, methods and procedures of CFCI,
- To identify specific constraints the program has encountered during its on-the-ground implementation,
- To obtain the views of community members on how well the program is meeting their needs for basic services.

[1] These included rainy season road conditions, which render some areas of Sudan unreachable for a period of months; as well as security problems created by the frequent eruption of conflict in some states.

The team also observed the results of completed community projects, such as buildings and equipment established in the village through the CFCI program, and watched performances of Theatre for Life and other community presentations relevant to the program.

4. Major Findings and Results

The evaluation team's principle findings, with respect to each of the research questions, are as follows.

4.1. How appropriate and relevant is the CFCI concept and design?

The overall goals of the CFCI program are relevant to three of the core rights established by the Convention on Rights of the Child (CRC) – the right to education, health care, and safe drinking water. These goals also reflect the human rights value of universal participation in decision-making and planning, by calling for the establishment of CDCs which represent the community at large and include women and youth among their membership. The stated goals, therefore, are appropriate and relevant to UN policy and the promotion of human rights standards.

4.1.1 Are the objectives, indicators, inputs and activities an appropriate and relevant reflection of the goals of the program?

The design of the CFCI is based on a conceptual frame that in which inputs and activities were expected to yield measurable results. The project's logistical framework is as follows:

Table 1: Framework: Child Friendly Community Initiative

Narrative	Objectively verifiable Indicators	Means of verification
Objectives 1. Develop and empower sustainable community structures for local planning, management and monitoring in at least 354 communities/villages in 12 states by 2006. 2. Ensure community-based planning and management of interventions in 354 communities by 2006. 3. Ensure that by 2006, the selected communities/villages have achieved the required graduation strategy.	• 354 community structures established and trained. • 354 community structures have developed community-based planning and management mechanisms. • Sectoral identified key indicators achieved.	• Training impact report. • Monitoring and evaluation report. • Baseline survey.

Outcomes • Absorption and application of the CFCI concept by the community. • Trained CFCI state coordination units staff transfer skills to community leaders. • Specific levels of key indicators for graduation as defined by the sector/programme concerned achieved.	• % of VDCs able to internalise and implement CFCI concept. • % of CFCI staff trained able to transfer skills to communities. • % of communities that have achieved the key indicators for graduation.	• Training impact report. • Training impact report. • Assessment and evaluation report.
Narrative	**Objectively verifiable Indicators**	**Means of verification**
Outputs • 354 CFCI community structures established and equipped. • 27500 community leaders/members trained on different, relevant skills. • Social mobilisation campaigns carried out. • 12 CFCI states' co-ordinating units established and equipped. • 12 CFCI Units' staff trained. • 354 CFCs graduated.	• # of community structures established and equipped. • # of community leaders trained. • # of community reached. • # of CFCI units established and equipped. • # of staff trained. • # of CFCs graduated.	• Training and monitoring reports. • Assessment and evaluation reports.
Activities • Training of Trainers conducted for members of 12 CFCI Coordination Unit • Follow-up support and monitoring visits to all Coordination Units from UNCEF twice yearly		
5. Monitor project	#Monitoring reports generated	Monitoring reports
Inputs: Supplies		
	Quantities procured & delivered	ProMS
	Software installed	ProMS
	Quantities procured & delivered	ProMS
Cash		
	Amount of cash disbursed	ProMS

	Amount of cash disbursed	ProMS
Contracts	Contracts signed	ProMS
	Contracts signed	ProMS
Staff		
2. CFCI Project Officer @ 100%		
3. CFCI Asst. PO @100%	Payroll	ProMS
3. One PO (Planning) @ 25%	Payroll	ProMS
4. Admin Assistant @ 30%		
3. Project Assistant @ 30%	Payroll	ProMS

This framework is appropriate for the development of sustainable structures (the CFCI Coordination Units and CDCs) at the state and community levels, and it demonstrates an understanding of the inputs and activities (training and follow-up) that are necessary to achieve the stated objectives and outcomes. It is therefore relevant to the project goal of ensuring the formation, legalization, training and functioning of the 354 CDCs. The framework does not, however, include indicators or objectives by sector, and so it does not reflect the second project goal, which is to improve the four CFCI key indicators. There is no clearly stated logical framework for achieving the second goal in CFCI program documents, since CFCI is expected to work through the UNICEF health, education, water/sanitation and RPPB sections to achieve its sectoral goals.

The fact that CFCI did not develop its own sectoral framework does not mean that the framers of CFCI were unaware of the conditions, inputs and activities required to reach the sectoral objectives. In fact, the design of some of the sectoral interventions is highly appropriate and the rationale is clear, while in other cases it is less so. The extent to which the project's activities and inputs can be expected to yield the planned result varies by sector and indicator. In some sectoral areas, the inputs and activities initiated as means to reach specific outcomes and impacts are a good reflection of the overall goals of the program and the conditions required to reach its objectives.

For example, the objective of improving primary school enrollment depends upon the establishment of classrooms, the availability of teachers, the provision of books and educational materials, and mobilization of community members with school-aged children. CFCI activities which contribute to these outputs include: 1) the construction or rehabilitation of classrooms by community members using indigenous materials and materials supplied by UNICEF, 2) training of community teachers in basic education, 3) instituting an educational materials revolving fund, 4) establishing a community library,

also as a revolving fund, and 5) training Community Development Committee members to mobilize parents of school-aged children and promote universal enrollment. These activities are appropriate, they address both supply and demand for education, and can be expected to contribute to the desired result. Similarly, the training of community midwives in combination with community mobilization to promote demand for a trained attendant during childbirth can be expected to lead to the achievement of this key objective.

In other sectoral areas, the relationship between the objective or indicator and the activities and inputs required to reach them is not explicitly identified. 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 government. The Health and Nutrition section's Annual Project Plan of Action, however, specifies that EPI management and logistical personnel will be trained for the 12 CFCI focus states during 2004. This indicates that, for some activities at least, this section is prioritizing CFCI states (if not communities) and that their initiatives will contribute to the achievement of CFCI's goals.

4.2. What are the innovative features of the CFCI approach, and to what extent have the key stakeholders understood and accepted them?

In the context of Sudan, the CFCI is an innovative and, to some extent, controversial approach to strengthening basic services and improving the well-being of children and women. In many respects, it represents a dramatic departure from long-established decision-making and planning procedures. As a result, one of the challenges the program has faced has been the need to persuade key players at all levels to adapt to new structures and processes. The most controversial features of CFCI include the following:

- <u>Targeting the Most Disadvantaged Communities:</u> Since the CFCI concept is rooted in the rights-based approach, the program is committed to reaching and providing basic services to the hard-to-reach child. These children are found in Sudan's most remote and resource poor communities, far from navigable roads or established educational and health facilities. In order to locate these children, the CFCI community selection procedure relied on a series of surveys: first at the national level to find the most disadvantaged states; second at the state level to locate the most disadvantaged Localities, and finally at the locality level to identify the poorest communities.

  Line Ministries and local officials are accustomed to distributing services on the basis of other factors, such as demand or accessibility; or they are attempting to distribute services evenly without targeting specific communities for emphasis. It has therefore been a challenge to CFCI Coordination Units to persuade line Ministries to prioritize the CFCI villages. The problem of convincing the line Ministries is exacerbated by

the fact that transport costs and staff time involved in reaching the remote and inaccessible CFCI communities absorbs extra sectoral resources that some Ministries feel could be better spent elsewhere.

- Intersectoral Collaboration and Itegration of Services: CFCI is aimed at providing an integrated package of services that will be implemented on a schedule determined by communities' own priorities and preferences. Line Ministries have been accustomed to vertical planning, under which activities and interventions take place when it is logical and convenient for each Ministry to implement them. In CFCI communities that have prioritized education, freeing community resources for the construction of new health facilities or training of handpump mechanics may have to wait until the community has finished its first priority activity, construction of a classroom. This may be viewed as an obstruction by some sectoral officials who are set on following a schedule that is convenient to the Ministry.

- Bottom-Up Planning: A related issue is that of the PPA preparation process under CFCI. The initial plans of action are developed once a year by communities, under leadership of the CDCs, based on their own priorities. The CDCs submit these Community Work Plans to the CFCI Coordination Unit, which compiles them into a State Work Plan. The State Work Plan is submitted to the State Steering Committee for review and approval, and then forwarded to the Ministry of International Cooperation. There, they are compiled into a draft Annual Project Plan of Action (PPA) for all the focus states. The draft is sent to UNICEF and the National Fund for State Support, where modifications may be suggested. In sum, the plans developed at the national level for CFCI are in essence an assemblage of community-level plans. This is a novel and challenging idea for Ministries whose planning was always top-down before CFCI.

- Community Self-Sufficiency: 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. This is particularly the case in southern Sudan and other areas that have experienced conflict. The populations in these conflict and former conflict areas are in the habit of receiving free services from relief agencies and INGOs. The concept that impoverished community members should be required to contribute financially and in time and labor to improvements in basic services is a new one in the relief context. This was particularly noticeable in North Darfur, where IDPs in camps are receiving free food, health care, education, safe water and waste disposal services – services which they have never received in their home villages. Some community members interviewed in stable villages have expressed the conviction that their best move would be to the camps – where there is a free ride for anyone considered to be an IDP. Promoting cost-sharing and self-help has been a challenge under these circumstances. 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.

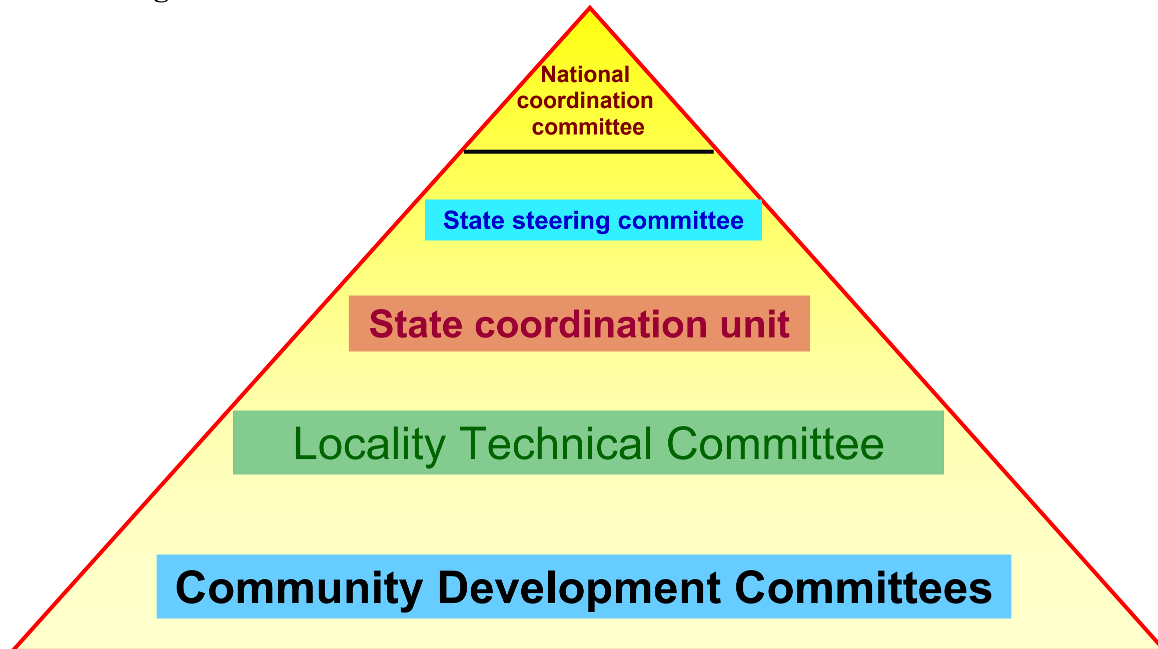
These concepts and models all represent departures from the established procedures of government, communities and development organizations. For that reason, UNICEF CFCI, CFCI Coordination Units, and CDCs have all complained of initial resistance (whether from government, community members or within UNICEF itself) to these innovations. Most of the CDCs and Coordination Units interviewed during the evaluation by the team, however, have reported that they have by now had at least partial success (and in some cases strong success) in changing attitudes and behavior through the community mobilization techniques taught by UNICEF. CDCs have been trained to explain the need for communities' investment in their own futures, and CFCI Coordination Units have been trained to advocate the CFCI concept in their home Ministries. At that level, they have had varying success – about half the states visited had active and engaged State Steering Committees, while the remainder did not follow their praise of CFCI with positive involvement. Additional mobilization and advocacy – and the possible creation of a new structure within the state-level CFCI configuration -- will be required to bring the rest into full compliance and support.

4.3 How effective and efficient has CFCI been in implementing its design?

4.3.1. <u>CFCI's Effectiveness in Establishing Viable Structures and Intersectoral Coordination:</u>

CFCI's approach to improving intersectoral coordination is to establish a series of linked structures at the national, state, locality and community levels, in which focal point persons from each sector participate in joint planning and monitoring. The edifice of CFCI is built on a series of new and innovative structures that are mandated by an agreement between UNICEF and the GOS. According to the original design and agreement, these structures should establish working links between all levels – UNICEF, federal, state, locality, and community – for the purposes of strategic planning, monitoring, supervision and technical assistance. A schematic representation of the designated CFCI system of monitoring is as follow:

Figure 1: CFCI MANAGEMENT AND MONITORING SYSTEM



The ultimate effectiveness and sustainability of the CFCI approach is dependent upon the full engagement of all levels in the process of managing and implementing CFCI. In particular, two new structures established by the program are critical to its effectiveness: the CFCI Coordination Unit and the Community Development Committee. The CFCI Coordination Unit is crucial in so far as it is a key partner that links target communities both to the state government and to UNICEF. What is more, if it should fail in its task of training CDC members to effectively mobilize and lead their communities, then nothing will happen at any level. The CDC is therefore the other key arm of the CFCI model. Since the thrust of the program is from the community upwards, then these two structures must be proactive in initiating any improvements in services that are achieved under CFCI. In fact, the CFCI evaluation team found that these two structures were generally the strongest links in the CFCI model.

In keeping with the spirit of CFCI, the report will discuss these structures in bottom-up order:

The Community Development Committee (CDC): The Community Development Committees in the majority (though not all) of communities visited were found to be active, knowledgeable and committed. Since the CFCI Coordination Units had been asked to arrange visits to one of their strongest and one of the weakest CFCI communities in their state, the evaluation team observed a great deal of variation in the number and quality of community projects that had been carried out by various communities under CDC leadership. CDCs had been elected and trained in all the visited communities. In the lowest performing community, however, the only community achievement to date was a semi-successful school enrollment campaign that was implemented through the

authority of the traditional leader. In the best-performing communities, the full package of services had been initiated, as illustrated by the list of achievements of Karsh El Feel community in El Gedarif state:

- Construction of a 3-room community center in 2003, with a temporary health unit operating in two of its rooms.
- Rehabilitation of four classrooms and two school offices by community members using local materials and materials (roofing, doors, windows) supplied by UNICEF
- Maintenance and management of an educational materials revolving fund
- Provision of seating for 150 pupils, plus school uniforms (with fabric provided by UNICEF)
- Provision of food and a monthly incentive to the school's teachers, from community contributions
- Successful operation of a drug revolving fund (initial capital provided by UNICEF)
- Training, by the MOH, with UNICEF and community support, of one woman from the community as a village midwife
- Obtained a solar refrigerator through the Ministry of Health
- Training, by UNICEF, of 62 community women in dried food processing as an income-generating activity.
- Drilling of 2 tubewells by WES, and installation of 1 school latrine, after community contributions were collected and paid to the Ministry.
- Training of 3 handpump mechanics by WES.
- Growth monitoring and UNIMIX food supplementation for malnourished children.

This community was in the process of constructing a permanent health facility during the time of the evaluation, and the women's food processing group[2] had produced a line of dried food products for sale to passing nomadic groups. Although most of the communities the team visited fell between these two extremes – many had carried out only 1-3 community projects thus far – the most active communities demonstrate that the CFCI model of community mobilization by trained CDC members can work successfully under the right conditions. Conditions, however, are seldom entirely right for success in a resource-poor and war-affected nation such as Sudan.

The CFCI Coordination Unit: Among the states visited, the CFCI Coordination Units were found to be the most committed and active link in the CFCI structure. They were usually facing a number of obstacles that limited their ability to carry out their stated tasks, however. For example in some states, not all CFCI Coordination Unit members were working under full-time secondments. In one case, the Unit member representing the MOH had the responsibility of providing liaison with all international organizations in the state. In other states, the focal point person seconded by the Ministry of Engineering and Urban Utility was assigned only part-time to the Unit. The human resources of the Coordination Units are spread thinly in most states – there are usually 30-40 CFCI villages that must be trained and visited twice monthly by 5-6 persons.

[2] CFCI had established a women's income generating/productive association in this community as a pilot test of the feasibility of implementing this intervention more widely.

Unless all the focal points are full-time, therefore, the activities that are the designated responsibility of part-time focal points are bound to suffer relative neglect. The failure of some Ministries to second full-time focal point persons to the Unit reflects their own staffing and funding shortfalls. However, it also suggests that, in some states, advocacy and promotion of the CFCI concept has not been successful in persuading all Ministries to prioritize CFCI.

CFCI Coordination Units in most areas of the country also may face crippling constraints that are outside the control of either UNICEF or government. In more than half of the states visited by the team, for example, vehicular travel to most of the CFCI villages is cut off during the rainy season, when roads become impassible even to 4-wheel-drive vehicles. Field implementation in these states is largely limited to 6-7 months per year. Some states are affected both by seasonally impassable roads and armed conflict. In one particularly low-performing state in the south of the country, 13 of the original CFCI villagers had been destroyed, and their populations displaced, in April 2004. Despite these obstacles, most Coordination Units were observed to be well-organized, active and committed, as illustrated by an example in the box below:

A Highly Committed CFCI Coordination Unit:

Some of the most capable and committed CFCIs have been unable to lead their communities towards achievement of their plans of action. An example may be found in North Darfur. There, all but one or two of the CFCI villages are in areas that are now off-limits to government workers due to the current armed conflict. These villages had already chosen their CDC members when the conflict broke out, but the new CDCs had not yet been trained. In an effort to overcome this constraint, the CFCI Coordination Unit sent word that they would be willing to train CDC members a few at the time, if any of them could reach El Fashir, the state capital. The CDC members in many of the communities were therefore trained in small groups – 6-8 persons – instead of the state-wide training sessions that are the norm in other states. This represented a far greater than usual commitment of time and effort on the part of the CFCI Coordination Unit but it allowed some of the communities' planned activities (including rehabilitation of 20 classrooms, seating for 1400 pupils, training of 100 teachers in basic education and distribution of essential drugs to 27 communities for drug revolving funds) to be carried out despite the CFCI's inability to visit these communities.

A number of factors contribute to the effectiveness and cohesion of the Coordination Units:

- Initial training: The quality and intensity of training the Coordination Units receive from UNICEF CFCI is high. They attend a seven-day training of trainers (TOT) course in their own state, during which they practice community mobilization and planning skills in nearby communities.

- Support and follow-up: UNICEF CFCI staff visit each CFCI Coordination Unit at least twice yearly, and more often if problems arise. During these visits the progress of CFCI in the state is reviewed, plans are discussed, and problems are resolved in so far as possible. The UNICEF CFCI staff also help the Coordination Units to advocate the program within the state Ministries and elsewhere.

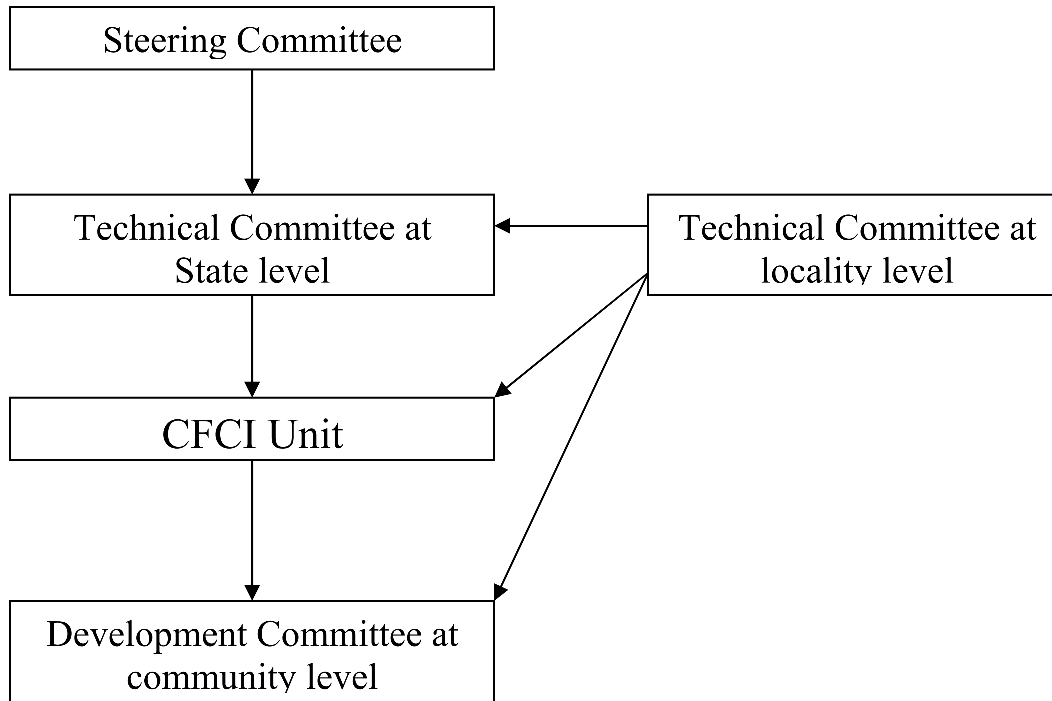
- Independence of the Unit: By agreement, the CFCI Coordination Units operate independently of the Ministries from which their members are seconded. This separation protects them from bureaucratic and political interference that might otherwise present obstacles and delays.

- The Community-Based Information System: Information is collected monthly by all CDCs. Although reporting and use of the data base by some of the observed CFCI Coordination Units was weak, most utilize the information to find gaps in services, track progress and be accountable for results.

Structures at the Locality Level: Of all the structures planned by CFCI, the locality structures were least evident during the team visits. The absence of CFCI bodies in most states is explained by the fact that the system of local government has been restructured twice since CFCI began in 2002; and in many states, the new locality management personnel are still being recruited. Locality participation in CFCI was most visible in the eastern portion of Sudan (Kassala, Gedarif and Blue Nile states). In Kassala, however, although the locality authorities had participated in the training of the CDCs and were willing to collaborate on management of CFCI, their financial resources were so scarce they could not even meet their salary obligations to government staff, much less their obligation to support CFCI. This problem was found in other states as well, and it is caused by the fact that long-standing sources of locality revenues have been removed by the federal government, even though additional responsibilities have been transferred to the localities. This is a failure of decentralization which may be remedied when new legislation (the Local Act) becomes fully operational.

The localities should be brought on board as a key player in the planning and management of CFCI during the next two years, since the Local Act designates this level of government as the locus of responsibility for primary health care and primary education. It is therefore the correct level to supervise all CHWs and village midwives; and to ensure the quality of care and quality of education overall. The evaluation team found that some CFCI Coordination Units are already working informally in close collaboration with the Localities and their Administrative Units, but this relationship should be formalized and standardized for all states. Specifying a clear role for them in the CFCI system is challenging at this time, however, since their functions overlap with those of the state and therefore specific tasks have yet to be definitively designated as State or Locality responsibilities. Locality officials interviewed in Blue Nile State suggested that there should be a Locality CFCI Technical Committee in addition to the State Technical Committee. The CFCI Coordination Unit in North Kordofan State suggested a feasible alternative represented in the schematic diagram below:

Figure 2: Suggested Structure for Including Locality Participation in the Management of CFCI



Under this system, the Locality Technical Committee would be comprised of the Executive Officer for the locality, the heads of sectoral Units (Planning, Health, Education, WES, and Agricultural Services) in the locality, and Executive Officers of all the Administrative Units in which CFCI communities are located. Its functions would be: 1) to advise the State Steering or Technical Committee and ensure it is strongly linked to the planning of primary health care and primary education services within Localities, and 2) to work with CFCI Coordination Units in providing support and technical assistance to CDCs in CFCI Villages. In particular, the Administrative Unit staff on the Committee should regularly accompany the Coordination Unit members on monitoring visits to communities. This would establish a formal tie between CFCI and the localities, and (with the contribution of A.U. human resources) would expand CFCI's work force and coverage.

The State Steering Committee: The State Steering Committee is responsible for oversight and monitoring of all CFCI activities in the state and supervision of the CFCI Coordination Unit. In some states, the members of the Steering Committee are the relevant Ministers themselves, while in other states the members are the Ministry Director Generals (DGs). The Committee is chaired by the Minister of Finance. The authority of this body, in particular of the Ministers or Directors General of the sectoral line Ministries, is an important and necessary source of support and legitimation to the

Coordination Units. Among the 8 states visited, all Steering Committees and their members expressed verbal approval and support for the CFCI concept and approach. Some Steering Committee members mentioned to the team that CFCI is the primary conduit to the community level for their Ministries.

Nevertheless, only half (4) the Steering Committees observed could be described as proactive and highly involved. Officials at the Ministerial and DG levels are extremely busy since they are responsible for provision of services throughout the state. Many feel that, when they are expected to prioritize the CFCI communities for services, they are being asked to ignore or neglect their obligations to non-CFCI communities (many of which are themselves very disadvantaged and under-served). In addition, staff turnover at this level is often high. Since CFCI began in 2002, for example, the position of DG for the Ministry of Health had been occupied by five different incumbents. It is difficult to build enduring support at the state level when the relevant officials change with great frequency.

The evaluation team concluded that increased advocacy and promotion on the part of UNICEF will be necessary to energize the State Steering Committee level of the CFCI system. In addition, it may be necessary to establish a secondary structure at the state and/or locality level to work more closely with both the CFCI Coordination Unit and the line Ministries. One such structure has been pioneered by a community in Blue Nile State:

The State Technical Committee: Under the general authority of the State Steering Committee (whose members are the Ministers of Finance and the line Ministries), a State Technical Committee was formed in Blue Nile State to monitor the progress and planning of the Coordination Unit. The Technical Committee is comprised of the DGs Finance and line Ministries, but it also includes senior technical staff from each sector. The Technical Committee meets monthly with the Coordination Unit. During meetings, the Technical Committee reviews progress and identifies gaps in services based on a monthly report that has been prepared by the Coordination Unit. Once a quarter, the two bodies jointly prepare a work plan based on information derived from the CFCI data base and presented in the monthly reports. Adding a Technical Committee has proven to be a highly effective adaptation to the CFCI model, which should be replicated in other states. The box below details some of the factors that have contributed to the effectiveness of the CFCI model in Blue Nile State:

Success Factors in Blue Nile State

The high-performing focus states demonstrate that CFCI can be successful under the right conditions. Blue Nile State serves as an example. Although Blue Nile State suffers from many of the same problems and obstacles (such as rainy season inaccessibility and a history of armed conflict) that trouble the other states visited by the team, it has been one of the most successful CFCI focus states. The following factors have contributed to the effectiveness of CFCI in Blue Nile State:

- The formation of a State Technical Committee whose members are senior enough to have authority within their Ministries but not so senior that they find it impossible to meet with the CFCI Coordination Unit on a monthly basis.
- The Technical Committee was introduced to CFCI by a 5-day workshop, conducted by UNICEF/Khartoum, on the CFCI concept and project planning process. During the workshop, various problems of coordination were raised as case studies, and solutions to them were developed by the workshop participants. As a result, the Technical Committee has a sense of ownership and direct engagement in CFCI.
- The CFCI Coordination Unit is particularly strong because of the support it receives at the state level – particularly as it is reflected in the fact that all members of the Unit have been seconded full-time by their respective Ministries to CFCI.
- Information from the project's data base is used by the Technical Committee and Coordination Unit for preparing a quarterly workplan. The data allows them to assess progress and identify gaps in various sectors within the program. This is a contrast to many states, wherein the data base is maintained but no regular reports are produced for planning purposes.

The National Coordination Committee: The national level was found to be the least active and involved of any of the planned CFCI structures. The National Coordination Committee has met only once, at the initiation of the CFCI project. This reflects a basic flaw in the implementation of CFCI. Support for CFCI at the national level is uneven and in some sectors very weak. The MIC and NFSS have been responsive and fully involved; and some federal Ministries (notably the Ministry of Education) have been supportive. Others, however, have been difficult to convince that the CFCI model and approach are an appropriate means of delivering services to children and women. Because UNICEF CFCI works directly with the states, it is tempting to bypass the recalcitrant federal line Ministries – with the consequence that these Ministries are further alienated from the CFCI approach. To federal Ministries – particularly those that are finding it difficult to adjust to decentralization -- it can appear that CFCI is attempting to undercut and usurp their control and responsibility.

Strong support from the federal line Ministries is crucial if CFCI is to have the authority – the "teeth" – to insist that PPAs be honored and that CFCI communities be prioritized to receive the services they have requested. During the second half of CFCI, this weakness should be addressed and resolved. In part, this will depend on an intensification of advocacy efforts on the part of UNICEF (see below). It is recommended, however, that a strong and functional National Coordination Unit be built at the federal level. Learning from the success strategy of the Blue Nile State Technical Committee described above, the National Coordination Unit should participate in an introductory orientation workshop. During the workshop, the participants should be invited to brainstorm ideas for solving coordination problems within CFCI. Particularly if some of these ideas can be put into practice, this exercise should help to build a sense of ownership at the national level.

UNICEF Task Force: Although they are not represented in the schematic diagram above, UNICEF's CFCI office and its Health and Nutrition; Basic Education; Water, Environment and Sanitation; Rights, Protection and Peace-Building; and Communication and Advocacy Sections are key players in the configuration of CFCI. When coordination difficulties arose in the early states of CFCI implementation, UNICEF created a UNICEF CFCI Task Force. The Task Force is comprised of representatives, or Focal Points, from each of the Sections. It is scheduled to meet once a quarter; and members are to accompany the CFCI staff on bi-annual monitoring visits to CFCI communities.

Although the UNICEF CFCI section staff members were reported (by members of CFCI Coordination Units and State Steering Committees) to be fully committed, proactive and creative in their approach to their work on CFCI, the history of involvement of the other UNICEF Sections has been inconsistent. In fact, many of the most critical comments about CFCI heard during the evaluation emanated from UNICEF personnel. It is unclear, therefore, to what extent UNICEF itself fully and consistently backs the CFCI concept and approach. To some extent, the Sections' degree of commitment to CFCI has paralleled that of their sectoral line Ministries. For example, the Basic Education Programme Section, like the Ministry of Education, is a particularly strong partner of CFCI. Acceptance of the CFCI concept and approach has improved during 2004 and initial resistance in all Sections has largely faded. The Health and Nutrition Section is constrained, however, by a signed agreement with the Ministry of Health that requires UNICEF to prepare only a centralized PPA for the health sector, in which there is no financial or planning break-down by state. Since CFCI works directly with the states, this makes planning and coordination with the Health and Nutrition Section a special challenge.

As an indicator of the degree to which each of the UNICEF Sections has accepted and internalized the CFCI concept, the evaluation team reviewed the PPAs prepared by each section in 2004. The aim was to assess whether the PPA has recognized and prioritized CFCI in its objectives and planned activities:

Sectoral PPAs

The WES Section's PPA's final project objectives (2002-2006) include those that are pertinent to CFCI. These include increasing access to safe drinking water by 15% in focus states, with special emphasis on CFCI states. For 2004, a stated project objective is to increase access to safe drinking water by 6% in focus states that include the CFCI states, drought-prone areas, and areas inhabited by returning IDPs. Planned activities include constructing hand pumps, water yards (tanks), dams and water collection systems (hafirs) in CFCs as well as drought-prone and IDP returnee sites. The prioritization of CFCI in both objectives and activities indicates that this Section accepts the basic CFCI concept and is willing to work with the program.

The Health and Nutrition Section's PPA targets many core activities to the 12 CFCI focus states (including training mid-level EPI management and logistic personnel; equipping and supporting DRFs, and training doctors and Medical Assistants in the Integrated

Management of Childhood Illness) while for other activities, some non-CFCI states are prioritized – usually because these were not directly relevant to CFCI goals or because they were slated for crisis areas. In a few cases, activities relevant to CFCI (such as measles elimination campaigns) were not targeted to all 12 CFCI focus states and were slated for some non-CFCI states. Since EPI is a national program under the responsibility of the MOH and UNICEF is merely providing assistance, this may reflect the reluctance of the federal MOH to accept the decentralized CFCI model. The CFCI Section should promote CFCI to the new Chief and the personnel of this Section, with the aim of securing its leadership in advocating the CFCI concept to the Ministry of Health.

The Rights, Protection and Peace-Building (RPPB) PPA does not explicitly mention CFCI in its objective or most activity descriptions, although many of its activities are focused on CFCI focus states (such as Kassala, West Kordofan and South Darfur). The exception is training in conflict resolution and the fight against FGM. This is a gap that should be remedied.

The Communication and Advocacy section's PPA'S project objectives/targets include expanding the number of community radio listening groups from 240 to at least 540 covering 15 CFCs in ten of the CFCI focus states. Another objective is that by 2006, at least 60% of caretakers and other community members in selected CFC localities can apply basic Facts For Life knowledge and skills to provide adequate care for child survival, development, protection and participation. It is clear that this section is prioritizing CFCI, at least in most of its activities.

The Basic Education Programme's PPA includes the CFCI objective of increasing enrollment rates by 25%, and reducing the number of out-of-school girls, in the CFCI focus states. Its 2004 objectives include reduction in the number of primary school-age children who are out of school by 6%, reduction in the number of primary school-aged girls who are out of school by 8% and creation of child-friendly learning environments in the focus states. Strategies to achieve this are described as rehabilitation of 10 basic schools with community support in CFCI villages, equipping the rehabilitated schools with teaching-learning equipment and classroom furniture, and teacher training. The PPA suggests that this section appears is fully supportive of and well integrated with CFCI.

In summary, CFCI is included in all the PPAs of the various Sections of UNICEF, and all have prioritized CFCI focus states and/or communities for some of their planned activities. Nevertheless, reports were heard in the field that UNICEF sectoral staff had not always insisted that Ministries prioritize CFCI villages for services, even though this is their stated obligation. The CFCI Section should therefore build stronger and more consistent support for CFCI in the Sections; particularly the Health/Nutrition and Rights, Protection, and Peace-Building Sections. This could be done in the context of the Task Force meetings; but it is unclear how much power the Focal Points have in their own Sections. Therefore it is recommended that the Section Chiefs should join Task Force meetings at least twice a year in order to discuss progress in their sectors and commit themselves to resolving any problems of coordination that may have arisen.

Collaborative Arrangements with NGOs and International Organizations: CFCI has not developed common organizational structures with NGOs, INGOs or sister U.S. organizations. Nevertheless, some fruitful collaborations were observed in certain states. For example, in Blue Nile State, UNICEF has signed a formal agreement with Islamic Relief Worldwide (IRW) to collaborate on improving primary education services. IRW has agreed to prioritize CFCI communities for its educational interventions in the state, which include school construction and rehabilitation, teacher training and school feeding. From the perspective of IRW, CFCI can provide them a conduit into communities through its CDC and community mobilization activities; while CFCI expects to achieve its objectives in this state more quickly with the additional resources provided by IRW. IRW has also undertaken some collaborative activities with CFCI in the water sector in other states.

Collaborations of this kind are less common than they should be, however. In several of communities visited by the team, community mobilization has suffered from the fact that several organizations are attempting to organize the same communities without any effort to harmonize or coordinate. Both U.N. sister agencies (notably IFAD) and INGOs have established development committees in some CFCI villages without reference to the existence of CDCs organized through CFCI. In addition, government organizes Popular Committees and various other committees (most of whose functions are political rather than development-related) in villages throughout Sudan. All these structures have their own rules and procedures, although members sometimes overlap. Community members complained to the team that they have become confused by the conflicting agendas of these organizations, and would prefer that they work together. To achieve this, all the State Ministries of Finance should use their authority to insist that all organizations operating in any given community must work through a common set of structures and agreed-upon procedures (though these may vary from village to village). In addition, UNICEF CFCI should investigate opportunities for collaborations with sister UN agencies that could open the way for introducing new components, such as agricultural improvement, to CFCI.

4.3.2. CFCI's Effectiveness in Achieving Sectoral Objectives

As noted above, field implementation of the CFCI began only in 2003. It would therefore be premature to expect statistically significant changes in the key indicators by the time of the evaluation in 2004. The full package of services has not yet been introduced into all communities, although some of them have initiated activities in all sectors, as the table below illustrates:

Table 2:

Summary of 2002/03 Sectoral Implementation in the 354 selected Vulnerable communities (CFCIs) by regions

	Kordofan Region			T.	Darfur Region			T	Eastern states			T.	Southern states			T.	Grand Total
	NK	SK	WK		ND	SD	WD		GD	BN	KS		BG	UN	BJ		
No. of communities selected	40	30	30	**100**	30	40	30	**100**	40	30	30	100	10	24	20	54	354
No. of communities that received [1]All key sectoral + [2]CFCI interventions	2 5%	15 50%	27 90%	**44** **44%**	3 10%	5 13%	2 7%	**10** **10%**	16 40%	11 37%	16 53%	43 43%	10 100%	19 79%	4 20%	33 61%	130 37%
No. of communities that received selected Some sectoral + CFCI interventions	38 95%	15 50%	3 10%	**56** **56%**	27 70%	35 87%	28 93%	**90** **90%**	24 60%	19 63	14 47%	57 57%	0 0%	5 21%	16 80%	21 39 %	224 63%
No. of communities that received only CFCI interventions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No. of communities that haven't received any interventions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

[1] The key sectoral interventions includes: Functioning Health facility, trained health cadre, provision of essential drugs, trained midwife, regular EPI, orientation session on HIV/AIDs; at least 80% of school age children enrolled, provision of education materials, seating from grade 1 to 4, teacher training; safe drinking water (HPs), health education package

[2] CFCI interventions: community data base established & operational, community leaders & members mobilized and oriented on CFCI & participatory approaches, CDCs formed & legalized, at least 10 CDCs members trained and acquire basic knowledge and skills on planning & management of social services, at least 2 youth & children trained on planning and participatory approaches

4

At the community level, the sectoral activities are the responsibility of the respective sectoral subcommittees (health, education, water and sanitation, and RPPB) of the CDC. The main committee of the CDC is responsible for coordination between sectors and subcommittees. It should be noted that, although at least eight members of the CDC main committee had been fully trained in all the communities visited by the team, subcommittee members had not been trained in most of them. This constitutes an oversight in the program, given the high level of responsibility they must assume. When asked what mid-course changes should be made in the CFCI program, participants in many village group discussions asked that more community members (especially the subcommittee members) receive the same training given to the CDC main committee. In addition, they should receive a formal orientation and basic information on the sector they are expecting to represent.

Improving Access to and Quality of Primary Education

The Child Friendly Community Initiative can point to a number of solid achievements in the educational sector. As discussed elsewhere, endorsement of CFCI has been strongest in the Basic Education sector, at all levels – UNICEF, Ministry of Education, State Ministries of Education, and at the community level.

Expanding enrollments was found to have been identified as the first community priority in many of the villages visited – ahead of health care and safe water. Most of these communities have by now acquired a package of educational improvements including infrastructure, materials and, in some cases teacher training. A summary of the

achievements of CFCI in the educational sector as of the end of 2003 includes the following:

- Thirty-five (35) CFCI communities with no school have now acquired classrooms and were able to enroll a total of 752 students with no previous access to education.

- Enrollment in primary school increased by 15-20% , and drop-outs were reduced by 3-5% in 245 CFCI communities as a result of improved school infrastructure and materials.

- 836 teachers have been trained for CFCI communities.

Although the above indicates that there evidence of improvements in enrollments (a key indicator) in 245 communities, it is not possible to predict whether or not the improvements in infrastructure, materials and training introduced by CFCI will result in real gains in literacy, numeracy and basic skills. After little more than a year of implementation, the project cannot be expected to have had measurable impact at this level. Although CFCI trains community teachers in basic education, some community members expressed concern about the quality of education in their village schools. When the CFCI final evaluation is planned, an assessment of the quality of education in CFCI-established schools should be included in order to confirm or negate the value of the approach.

A number of challenges have emerged in this sector. For example, the populations of some areas are nomadic, and children are removed from school seasonally among these tribes to follow the family herds. In some former conflict zones such as areas of south Kordofan State, an entire generation is illiterate because there has been no access to schooling for over 15 years. In addition, achieving higher enrollments among girl children is difficult in some areas of Sudan. In culturally conservative communities, there is sometimes little motivation to educate girls, and many households are reluctant to send their daughters to coeducational schools after grade 4. These families fear their older daughters will be sexually harassed or that their reputations will suffer if they are exposed to unrelated males in a setting that may not be fully supervised at all times. In these areas, CFCI should make an effort to organize separate classrooms for girl students, and to ensure that a female teacher is trained for these classrooms.

Despite these challenges, widespread community enthusiasm for improvements in this sector, combined with the commitment and involvement displayed by sectoral government and UNICEF stakeholders, are encouraging. The education sector, then, shows promise of improving educational outcomes at the primary level in CFCI villages.

Strengthening Primary Health Care

CFCI has had some difficulty in achieving acceptance of the CFCI concept and approach among stakeholders in this sector. At the federal level, the Ministry of Health has been

described as the most centralized of all the Ministries, and the most strongly oriented toward vertical provision of services. The design of CFCI mandates that UNICEF CFCI work directly with state-level Ministries to carry out planning, monitoring and evaluation of CFCI activities in each state. The direct approach to the state governments may be viewed as a form of disregard of the authority and scope of responsibility of the federal MOH. Despite these early difficulties, the MOH has indicated that its 1994 plan includes prioritization of CFCI communities. This suggests that progress has been made in establishing a collaborative relationship between CFCI and the MOH.

At the state level, considerable variation in the degree of cooperation was found. Not all state MOHs were supportive; but among the states visited, all MOHs had seconded a focal point person to the CFCI Coordination Unit, at least part-time. In some states, the health sector focal person was seconded full-time. In one of the CFCI Coordination Units, the health focal person was found to be the strongest and most proactive member of the team. At the state level, then, CFCI has been able to achieve at least partial support. As a result, CFCI had been able to achieve health sector improvements in a number of its communities by the end of 2003, as the following summary demonstrates:

- Access to immunization services has improved by 25-30% in 118 CFCI communities,

- 173 new health units have been established in CFCI communities,

- In 98 CFCI communities, 55% of children under five now have access to integrated “Minimum Care” packages of essential health and nutrition interventions,

- 110 village midwives have been trained to provide safe and clean assistance during labor and delivery to a population of more than 440,000 women of childbearing age in 110 villages. Midwifery kits have been supplied to all trained village midwives.

In addition, by the time of the evaluation, all CDCs had been trained in the management of drug revolving funds, and DRFs had been established in 164 communities (excluding the Darfur region states). The initial stock of drugs and supplies for the DRFs is provided by UNICEF, but it is replenished through user fees paid by patients at the community’s health unit. Patients are diagnosed and drugs prescribed by a health worker assigned by the MOH. In most cases, the health worker is a trained Medical Assistant or nurse.

MOH policies, however, have conflicted with some communities’ request for a health facility and trained health worker. Some CFCI communities are too small – less than 1000 population -- to qualify for assignment of a health worker with this level of training. Instead, some of these communities have been able to acquire a trained Community Health Worker (CHW) to meet their needs. The national MOH, however, has abandoned the CHW program, and does not plan to train more CHWs – or to continue to remunerate those already trained.

Instead, the MOH plans to introduce a new cadre of health workers – the Community Health Promoters – who will be mainly tasked with health education. It is suggested that, with additional training by CFCI, Community Health Promoters assigned to CFCI villages might become qualified to diagnose and dispense the DRF essential drugs. An advantage of the DRF is that, in addition to restocking drugs and supplies, it can generate a profit that can be used to either pay a trained Health Promoter/Worker (or to provide an incentive to a salaried M.A.) to remain in the community. The problem of the need for a trained health worker who can diagnose and dispense, however, must be addressed if the health care rights of children in small and remote communities are to be met. Particularly if CFCI expands or goes to scale in future, this gap will need to be filled – either by trained CHWs, CHPs with supplementary training, or by extended mobile services. In its contacts with the MOH, UNICEF should advocate for a program throughout Sudan that will provide for the health needs of small communities.

A pilot program carried out in North Kordofan state may provide a useful model. There, IFAD supported the training of 108 CHWs with supplementary support from the North Kordofan MOH and the CFCI Coordination Unit. In addition, communities that had requested CHWs contributed to the cost of the training. Only four of the newly trained CHWs were assigned to CFCI villages, but that is because in that year only four community plans of action called for a health worker (among communities too small to qualify for a M.A). The recruitment and training of new CHWs, when combined with the construction of new health facilities with community participation, is an intervention that promises to make curative services available for the first time to some of the remotest and most vulnerable communities. The North Kordofan CHW training pilot project, therefore, is one possible model that could be promoted to other CFCI focus states by UNICEF.

CFCI's initiative to improve the health of children and women has several components:

Increasing the Percentage of Children Fully Immunized: The MOH carries out a vigorous campaign to improve immunization rates in all communities. In the past, access to remote areas was provided by mobile services, but MOH vehicles cannot reach many areas of the country during the rainy season. CFCI's role until recently was to mobilize communities to demand and take advantage of opportunities for vaccination. Now, CFCI has begun to work with communities and state MOHs to establish fixed site immunization services that are accessible to CFCI villages. This will include the provision (by UNICEF) in of a solar refrigerators and vaccine transport box in villages targeted for static services, and training by the MOH of one of its health workers in immunization and cold chain maintenance. As of the time of the evaluation, this service had been established in only two CFCI sites: one in Kassala State and one in Blue Nile State. This activity should be in the foreground of CFCI's priorities during the next two years. Establishing fixed immunization sites that can operate for a greater portion of the year appears to be a promising means of increasing full immunization rates.

Increasing Access to Essential Drugs: The project's approach to improving the availability of essential drugs is to establish sustainable drug revolving funds in all CFCI communities. The Coordination Units train CDC members to manage the fund, while a trained health worker is responsible for treatment. UNICEF provides the initial capital stock of essential drugs, but they are replaced from MOH stores at cost from fees paid by users in the community. In many of the communities visited, the DRF is a new activity but in others, the stock has been replaced as many as four times. Overall, this activity shows a high potential for improving child health in CFCI communities. Strong approval of the DRF was voiced in all the communities, and no difficulties in managing the fund were reported. Some CDCs mentioned that, early in the program, there had been an obstacle to establishing DRFs in the poorest communities arising from MOH policy. The MOH, fearing weather damage or theft of drugs, requires health facilities housing essential drugs to be constructed of permanent materials. Although community members readily manufacture bricks, brick or cement construction is usually beyond the capabilities of unskilled villagers. Hiring a brick-layer or contractor adds a significant cash expense that few communities can meet.

The MOE, by contrast, has no such requirement and so classrooms may be constructed of local materials. This may partially account for the fact that most CFCI communities completed the construction or renovation of classrooms before they completed a health facility, even when health care was their first priority. Now, however, it is less of a hindrance because CFCI has begun to distribute drugs directly to CFCI communities. Since these drugs are not distributed to communities by the MOH, they are not subject to the permanent materials requirement. To stock a DRF, CFCI requires only that a trained health worker be in place, assisted by a community volunteer, and that a separate room or building (of any materials) be available for diagnosis, treatment and the storage of drugs.

Increasing Access to Trained Attendants for Labor and Delivery: The project's approach to improving access to safe labor and delivery has come under some controversy. Most rural women are attended by untrained traditional birth attendants (TBAs) during labor and delivery. To improve hygiene and care of the newborn, TBA training programs were developed and implemented in the 1990s. Since that time, the international health community has recognized that, based on available evidence, TBA training is not an effective means of preventing maternal mortality. TBA training has therefore been abandoned in favor of the training of village midwives. CFCI facilitates the community selection of candidates and transports them to training centers for a nine-month course of training in safe birthing techniques. The training is provided by the state MOH, with supplementary financial contributions from UNICEF and the communities.

Generating demand for the trained birth attendant program has proven difficult in some villages. Many women are unaware of the advantages of a trained attendant, and so they prefer the services of the traditional midwife whom they know and trust. In addition, conservative households are often unwilling to send their daughters away from the village for training without supervision by a relative. In one village, no willing candidate could be found until, after advocacy by CFCI, the village chief volunteered his own daughter.

The community is now convinced of the value of its new midwife; and when a second midwife was suggested, a large number of volunteers stepped forward.

The ultimate impact of this intervention has yet to be determined. Although their performance will no doubt be superior to that of TBAs (who received only 3 months of training), it is not clear that the village midwives will be capable of providing the high level of emergency obstetric care that is usually necessary to save lives during complicated deliveries. This is of particular concern in Sudan, where emergency cases cannot be referred to hospital during the rainy season in a significant proportion of villages. Nevertheless, in an imperfect situation, the trained village midwife is probably the best alternative for remote communities that can be established at this time. CFCI's commitment to the midwife training program is therefore justified; and communities that have received this service expressed enthusiastic approval of it to the team.

Achieving Access to Safe Drinking Water and Disposal of Waste

Improving water, environment and sanitation (WES) is a vital component of the CFCI package of services; and CFCI's orientation toward the integrated delivery of services is especially pertinent to this sector. WES is a complex sector in which activities must be complementary in order to achieve the desired impact – for example, establishing a safe water point will not reduce disease transmission unless it is well maintained and unless communities know they should protect it from contamination by domestic animals. The informal observations of the team indicated that health knowledge in the remote rural areas of Sudan is generally low. Health education, therefore, is an essential complement to activities in this sector. The evaluation team found that WES has recognized this point and made provision both for the maintenance of water points and safe water usage. Whenever a handpump is installed, WES conducts two training modules: Safe Water Usage and Handpump Maintenance and Repair. The CFCI villages that have received new water points, therefore, have also received instruction in how to maintain them and how to use them to protect the health of children and others in the community.

At the federal level, water and sanitation are the responsibility of the Water, Environment and Sanitation (WES) project within the National Water Corporation. At the state level, WES is located in the Ministry of Engineering and Urban Utilities. These bodies have endorsed the CFCI concept and normally include CFCI requests in their own annual plans. As a result, some solid achievements have been accomplished:

- More than 250,000 women and children in 245 CFCI communities have access to improved water supply facilities as a result of the provision of 62 new and rehabilitation of 282 borehole wells with hand pumps.

- 84 school latrines and 336 household latrines have been established in CFCI villages.

- 323 handpump mechanics have been trained to maintain CFCI community handpumps.

Despite these gains, informants in some villages suggested that the planned implementation of activities in this sector was lagging in that their communities had not been able to obtain as many water points as they had requested. These delays were caused by constraints and obstacles that are perhaps the most serious of any confronted by the sectoral programs. Many of these constraints are external to the program. In some areas of the country, there is no ground water. In other areas, the soil is sandy, and so pits collapse as soon as they are drilled. What is more, there is no rotary drill available in most CFCI states, and so deep wells cannot be drilled where geological formations include layers of rock. In areas such as these, installation of tubewells may be impossible. Traditionally, these communities relied on a system of rainwater collection (*hafir*). UNICEF does not endorse the promotion of *hafir*, since they are not considered to be clean water sources. WES, however, is able to provide equipment that improves the safety and quality of *hafir* water, such as filters that can be installed; but some pastoral communities have rejected these filters because they interfere with the watering of domestic animals. Health education is essential in these areas, since the use of a common water source by animals and humans is to be discouraged.

WES also faces resource constraints that hinder the timely response to requests from CFCI. While visiting the eastern portion of Sudan, the team learned that drilling rigs must be shared among at least three states. Each state, therefore, has little control over the timing of its use of the rig, and planning suffers as a result. The consequences for CFCI can be very negative. In one community the team visited, the CDC had organized and mobilized their village, and water and education had been identified as priorities. Since WES requires a contribution from the community that is to receive a tubewell, the CDC collected funds from the villagers and transmitted the full community contribution for two new tubewells to WES. WES had been unable to respond to this request because the drilling rig was committed elsewhere, but no one had explained the problem to the community. As a result, community members believed their contribution had been misappropriated and they lost confidence in CFCI and the CDC. Subsequently, it has been difficult for the CDC in this community to organize contributions of labor or materials to planned community projects. For these reasons, CFCI should ensure that community expectations are not raised beyond the ability of WES to meet them, and Coordination Unit members should keep communities informed about the status of their requests.

Rights, Protection and Peace-Building

CFCI is one of UNICEF Sudan's primary strategies for promoting and ensuring essential human rights as defined by the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). As such, it should work in close collaboration with the RPPB sector and the Ministry of Social and Cultural Affairs. The Ministry of Social and Cultural Affairs is responsible for implementing many of CFCI's central peace-building, women in development (WID) and child rights-related activities. These include establishing community radio in local languages, training youth in Theatre for Life and child-to-child peer education, raising community awareness of the dangers of HIV/AIDS, female

genital mutilation (FGM) and land mines, and advocating for an end to recruitment of child soldiers.

Gender empowerment activities are a significant part of this sector's scope of responsibility. CFCI Coordination Units in three states reported, however, that they had submitted a number of requests for gender empowerment and WID activities to UNICEF through their PPAs but had been refused. Although RPPB's Gender and FGM Office has prioritized CFCI villages (through women's subcommittees) for mobilization against FGM, activities that would attract women to work with the subcommittees – such as skills-building, income generating, or productive societies – have not been supported. CFCI Khartoum explained that this is because the Ministry of Social and Cultural Affairs lacks the capacity and funding for development activities for women; and UNICEF has ended its funding of WID project other than empowerment, training and advocacy.

In fact, the evaluation team found that gender empowerment was one of the weaker areas of activity for CFCI (see section 4.5). This is one problem that calls for rapid resolution and more thoughtful planning for women's empowerment on the part of UNICEF CFCI. If gender empowerment agendas were linked to activities that can help women gain economic power, they are more likely to succeed. It is therefore recommended that UNICEF develop and implement a skills training package for women, while CFCI seeks partnerships with NGOs or donors than can provide resources for small business, livestock or productive societies.

Particularly in conflict-affected states, CFCI has carried out peace-building activities that promote harmony and cooperation between various tribal groups. Many communities are ethnically mixed, and so CFCI performs a harmonizing function by the very nature of the organization it establishes. The community members interviewed indicated that, in selecting the CDCs, their communities attempted to maintain a balance between groups, usually by asking each satellite village as well as the main village to select its own representatives on the CDC and subcommittees. These ethnically mixed committees, and the communities they represent, are required to put aside any differences they may have and work together for a common purpose in order to make their planned activities competitions to foster inter-ethnic interaction and cooperation. Peace messages are also transmitted to communities through dramatic performances and community radio.

In the next two years, CFCI should focus more of its time and resources on child protection issues and activities. Initiatives to combat FGM are already being targeted to CFCI Communities in Kassala, West Kordofan and South Darfur. Other child protection issues can be expected to gain urgency in the near future. In the southern states, the need to re-integrate demobilized child soldiers into their home villages will be felt once peace is firmly established. In the conflict zones such as the Darfur region and Upper Nile State, advocacy against recruitment of child soldiers is crucial. It is recommended that Child Protection Subcommittees be organized and attached to the CDCs to coordinate the child protection activities that are germane to their regions.

4.4. *How efficient is CFCI's monitoring and evaluation system – including data collection, management, reporting and the use of data for planning and decision-making?*

CFCI's monitoring and evaluation system rests on the edifice of baseline surveys carried out at the national level (Multiple Indicator Cluster Survey and Safe Motherhood Survey) under other funding, and at the state and locality levels by CFCI. These survey results have formed a comprehensive data base that CFCI used to locate the most disadvantaged ("red") communities. State Steering Committee members – who are top Ministry officials -- in three of the states visited by the team commented that they have no other information of this scope and quality available to them, and so they have used the CFCI baseline data for planning purposes within the state. This indicates that, in some states, the CFCI data base has served some users beyond CFCI itself.

To monitor and track the progress of CFCI at all levels, each CFCI Coordination Unit maintains a data base for its state. A Data Officer is attached to each Coordination Unit to perform data entry and analysis functions for the Unit. The CFCI information system is community-based, in that it collects information through the Community Development Committees in all CFCI communities. CFCI's progress toward its goals is measured according to a series of key indicators selected by the line Ministries in collaboration with UNICEF. Every month, the CDC members in each community use a form developed by the Coordination Units in El Gedarif and Blue Nile states to collect information on key indicators (such as immunization rates, school enrollment and drop-out rates, and drinking water sources) and the type and status of implementation (number of people trained, number of health education sessions held, etc.) during the month. The CDC summarizes this information in a four-page report (each page covering a separate sector), which they submit to the CFCI Coordination Unit. The data contained in these reports are entered into the state's computerized data base by the Data Officer. In this way, the state data bases are updated monthly.

In principal, regular reports should be generated from these state-level data bases and shared with all key stakeholders (particularly the State Steering Committees). In fact, three of the eight states visited by the team were not generating reports on a regular basis. As a result, it could be concluded that CFCI's data collection procedures are much stronger than its analysis and reporting system. In the best-performing states, CFCI Coordination Units prepare a quarterly progress report for the State Steering Committees (or in Blue Nile, the State Technical Committee). These reports are reviewed in a joint meeting every quarter, and gaps in services are identified. A quarterly plan of action that will address these gaps is then developed by a task force including representatives of the Coordination Unit and Steering or Technical Committee. The plan of action is then reviewed and approved by the Steering Committee. This is a sound use of information for monitoring and planning.

It is suggested, therefore, that this model be included in the TOT training for CFCI Coordination Units organized in the future; and that it be taught to Coordination Units not using it through exchange visits to states that have already instituted this procedure. In

addition, more extensive training in data management, analysis and reporting may need to be added to the training plan for CFCI Coordination Units. To ensure that planning is based on solid information, it is recommended that CFCI Coordination Units should produce updated state-level status reports on activities and key indicators every quarter, and use them in quarterly planning meetings with State Steering or Technical Committees. It is also recommended that the UNICEF CFCI data base be updated quarterly on the basis of the state-level quarterly reports, in order to facilitate oversight of the project as a whole by UNICEF.

At the level of the village, some CDCs reported that they were easily able to use the form that had been developed for community data collection, but others complained that the forms were too complicated and difficult to complete. It should be recalled that, in some areas covered by CFCI, educational access has been absent for up to 15 years due to conflict and displacement. One community the team visited had a literacy rate of 4%. The CFCI team at UNICEF should, therefore, revisit these forms and strive to simplify them for semi-literates. In particular, the forms should eliminate essay questions such as:

"To what extent did the committee use the folklore traditions to solve problems?"
"What is the role of the Parents Council in solving educational problems?"
"What was the impact of the show in changing social attitudes?"

Questions such as these, while not beyond the cognitive or verbal abilities of CDC members, may exceed their reading and writing skills. They should therefore not be included in the forms.

4.5. *How efficient is CFCI in using resources and achieving broad coverage? Have financial obligations been met by all partners, and have resources been utilized as planned?*

4.5.1. Efficiency and Coverage:

The issue of efficiency cannot be addressed without taking into account both time and financial costs. It has been suggested that the efficiency of the program has suffered on both accounts because the community selection procedure was unduly complex and time-consuming. The first year of the project – 1/5 of its running time – was absorbed by the village selection process, which included both successive surveys and negotiations with local officials[3]. What is more, CFCI Coordination Unit members spend a significant proportion of their time in travel to communities; and they are unable to reach the CFCI communities for half the year in some states.

This community selection process was a reflection of the project's commitment to the CRC goal of providing essential services to the most vulnerable children in the most inaccessible locations. This goal cannot and should not be abandoned, but it should be

[3] CFCI financial resources were not used to support the surveys at the national level, though their results were used by CFCI planners to identify the most disadvantaged states. CFCI then funded and implemented surveys at the State and Locality levels to identify the most vulnerable communities.

clearly recognized that it conflicts with the goals of broad coverage and efficiency – providing as high a level of services as possible to the greatest number of children at the lowest cost. In the view of the evaluation team, a compromise is required between the utopian ideal of serving the most remote communities and the need to make efficient use of human and financial resources. If there is a follow-on community-based project after 2006, it should focus at the locality level rather than at the level of the individual communities. It should utilize the planned MICS 2005 to identify the most disadvantaged states, then implement state-level surveys to identify the most disadvantaged Localities.

A sample of these Localities should be chosen as the units to which project interventions will be offered. In other words, the project should work in all the "red" (most disadvantaged) communities of the chosen "red" Localities, before moving on to other Localities once the first round has graduated. The Localities should be treated as an organic whole, in which communities interact and share resources, skills, and experiences. Under this plan, only the Localities selected for CFCI will need to be surveyed before commencing activities, which should shorten the preparation period and leave a longer period for implementation. In addition, travel time for Coordination Unit personnel will be reduced, since the communities they will visit will not be scattered randomly throughout the state, and it is likely that they can visit all the communities in a given locality in a single visit.

4.5.2. Status of Contributions from Partners at All Levels

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. Particularly at the state and community levels, many of these contributions are made in kind (salaries, labor) rather than in cash. The tables below summarize the status of contributions from all levels in comparison with agreed obligations, for the years 2003 and 2004. In-kind contributions have been expressed in terms of their estimated monetary value:

Table 3: Child Friendly Community Initiative (CFCI)
Financial Contribution for 2003

State	Federal Contribution (000SD)		UNICEF Contribution (000 SD)		State Contribution (000 SD)		Locality Contribution (000 SD)		Community Contribution (000 SD)	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
1. Blue Nile	4,589	0	5,611	11,712 (208%)	3,311	2,241 (68%)	-	-	1000	1250 (125%)
2. ElGedaref	4000	2100 (52%)	10,303	8,234 (80%)	25,500	15008 (59%)	12000	10000 (83%)	8000	9008 (113%)
3. Kassala	5,000	0	4,969	3,560 (72%)	4,375	2,625 (60%)	-	-	1500	920 (61%)
4. N. Darfur	4,300	3,293 (82%)	6,000	4,565 (76%)	4,000	3,000 (75%)	600	500 (83%)	1,600	1,560 (98%)
5. S. Darfur	2030	0	11399	2788 (24%)	6769	5298 (78%)	500	0	1354	720 (53%)
6. W. Darfur	3000	0	5000	3890 (78%)	3000	1650 (55%)	400	150 (38%)	1300	1001 (77%)
7. N. Kordofan	900	0	1,560	1,170,	810	180	-	-	70	50
8. S. Kordofan	1,000	0	19,838	5,870 (29%)	7,935	2,380 (30%)	-	-	879	215 (28%)
9. W. Kordofan	6000	15000 (4%)	6680	6078 (91%)	5000	4006 0 (80%)	500	0	1000	1000 (100%)
10.W. Bahr El Ghazal	1,582	0	7,851	1,233 (16%)	1200	500 (42%)	150	50 (33%)	2,500	2,500 (100%)
11. Bahr El Jebel	500	0	3000	1100 (37%)	1500	400 (27%)	0	0	850	650 (76%)
12. Upper Nile	6,329	0	14,137	4,298 (30%)	1308	732 (56%)	-	-	10,000	10,000 (100%)
TOTALS	**39,230**	**20,393 (52%)**	**96,348**	**54,498 (57%)**[4]	**64,708**	**38,020 (59%)**	**14,150**	**10,700 (76%)**	**30,053**	**28,874 (96%)**

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

Table 4: Child Friendly Community Initiative (CFCI)
Financial Contribution for 2004 (Actual up to June 2004)

State	Federal Contribution (000SD)		UNICEF Contribution (000SD)		State Contribution (000SD)		Locality Contribution (000SD)		Community Contribution (000SD)	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
1. Blue Nile	4,034	4,034 (100%)	7852	5370 (68%)	4971	3480 (70%)	0	0	855	1500 (175%)
2. ElGedaref	5758	4,738 (82%)	15740	6,059 (38%)	15000	12505 (83%)	140000	80000 (57%)	4750	4750 (100%)
3. Kassala	6144	4,033 (66%)	8721	5,266 (60%)	2420	995 (41%)	420	160 (30%)	80	60 (75%)
4. N. Darfur	3293	3,293 (100%)	9,149	6,476 (71%)	3216	2363 (73%)	72	10 (14%)	770	850 (110%)
5. S. Darfur	5,396	3,945 (73%)	12,007	4322 (36%)	937	3459 (369%)	500	0	1635	848 (52%)
6. W. Darfur	4038	267 (7%)	8108	2,576 (32%)	2337	860 (37%)	500	0	1210	920 (76%)
7. N. Kordofan	5747	5,747 (100%)	11693	6,939 (59%)	6643	1,132 (17%)	50	0	3235	3000 (93%)
8. S. Kordofan	4409	1,500 (34%)	10143	2,750 (27%)	2398	1,690 (70%)	0	0	3191	2,350 (74%)
9. W. Kordofan	6,000	4,501 (75%)	10,000	7,248 (76%)	2,000	1,927 (96%)	500	0	4,500	3,400 (76%)
10.W. Bahr El Ghazal	1,163	1,163 (100%)	5767	2,236 (39%)	2093	700 (34%)	0	60	200	250 (125%)
11. Bahr El Jebel	2824	-	7787	4,062 (52%)	1172	586 (50%)	0	0	615	600 (98%)
12. Upper Nile	1963	1,484 (76%)	11881	3,716 (31%)	4155	2,370 (57%)	0	0	775	700 (90%)
TOTALS	**50,769**	**34,705 (68%)**	**118,848**	**57,020[5] (49%)**	**47,342**	**32,067 (67%)**	**142,042**	**82,300 (56%)**	**21,816**	**19,228 (88%)**

[5] Note that this does not include significant contributions to salaries and sectoral activities supported in CFCI communities by UNICEF

The Federal Contribution: As the figures above demonstrate, the federal contribution to CFCI was not met fully in any CFCI focus state during 2003, and was entirely absent in all but three states in that year. Only in North Darfur was a substantial percentage (82%) of the planned contribution forthcoming from the federal level. Overall, 52% of the planned contribution was provided in 2003. These shortfalls are a reflection of the fact that the CFCI concept and approach were not well understood and internalized in the early stages of the program. The figures for 2004, however, show significant improvement. A total of 68% of the planned amount was provided, and fully 100% of the planned federal contribution was received in four focus states (Blue Nile, North Darfur, North Kordofan and Western Bahr El Ghazal). Three-fourths or more of the planned federal contribution was received in the states of West Kordofan, Upper Nile and El Gedaref. Information from Barh El Jebel was not available for the federal contribution in that state, and in West Darfur the federal contribution was only 7% to CFCI. In view of the fact that West Darfur is the state most seriously affected by the current armed conflict, this is not surprising. These improvements in the proportion of planned contributions that are actually received in CFCI focus states is encouraging in that it suggests that acceptance and endorsement of the CFCI approach by the federal level partners is growing.

The UNICEF Contribution: At first glance, UNICEF's record of contributions appears to be low for both years in comparison with its planned contribution (57% and 49% respectively). Tables 3 and 4 above, however, reflect only the funding for CFCI core activities such as training, monitoring and evaluation, and community mobilization. In addition, UNICEF has provided significant financial contributions in terms the salaries of its UNICEF CFCI staff and in terms of sectoral activities. For example, UNICEF has provided 184 drug kits in 2004 for a total cost of $62,920. In addition, it has trained over 800 teachers at a unit cost of $50 each. These contributions, when totaled, exceed the shortfall for core activities, as represented in the tables. The shortfall in funding core activities is a reflection of the fact that the planned amount 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. Resources have shifted to relief and emergency activities in response to the outbreak of violence and widespread displacements in early 2004, leaving relatively little for sustainable development programming.

The State Contribution: The total percentages of the planned contributions that were provided by the states were 59% for 2003 and 67% for 2004. The contributions from the states fall short of 100% of the planned amount in all states in both 2003 and 2004, with the exception of South Darfur state (369% of the planned amount) in 2004. Additional contributions may be forthcoming in the last half of the year, which is not represented in the table. Nevertheless, a few states have come closer to meeting their obligations than other partners. West Kordofan state has already met 96% of its obligation for 2004, which is closer than its 2003 contribution by 16%. El Gedaref state has met 83% of its planned contribution in 2004, which was an improvement over the previous year, when El Gedaref's actual contribution was 59% of the planned amount. This suggests that willingness or ability to contribute to CFCI is growing in a few states. The impressive

spending for CFCI in South Darfur state may be related to CFCI's role in assisting IDPs in that state.

The Locality Contribution: The contribution made the localities to CFCI is the lowest of any level. In fact, the majority of localities made no contribution to CFCI in either 2003 or 2004. This is the result of the reorganization of local government that has taken place twice since CFCI was initiated. Locality structures in the non-contributing states are still being constituted, and so these Localities are not yet ready to assume their designated responsibilities. Even the Localities that are functioning and interested in participating in CFCI, however, face severe resource constraints that may prevent them from contributing. The federal government has removed revenues previously collected by Localities through licenses and fees, while simultaneously shifting ever-greater responsibilities to this level. This problem is outside the control of UNICEF or CFCI, and it is likely that contributions from the Localities will be significantly below expectation until it is resolved.

The Community Contribution: The strong contribution of communities to CFCI is one of the more encouraging aspects of the review. Overall, 96% of the planned contribution from communities was realized in 2003, and 88% was provided in 2004. In Blue Nile, El Gedarif , North Darfur and Western Bahr El Ghazal – 30% of the focus states, -- communities had contributed 100% or more of the planned amount in 2004. In an additional three states (Upper Nile, Bahr El Jebel and North Kordofan) communities contributed 90% or more, and in no state was the community contribution less than 50% of the planned amount in 2004. Community contributions were similarly high in 2003. This finding supports the evaluation team's impression, received during their visits to the states, that community commitment to CFCI is stronger than that of government partners at all levels (other than the CFCI Coordination Unit).

4.5.3. UNICEF CFCI Project Expenditures

The sectoral activities in CFCI villages are the responsibility of the Primary Education, Health and Nutrition, WES, and RPPB Sections within UNICEF, and so expenditures on these activities do not appear in the CFCI budget. During the first year of the project, CFCI's expenditures (in U.S. dollars) were as displayed in the table below.

Table 5: CFCI 2002 Expenditures by Category

Activity Category	Expended
Community Organization	25,527.97
Community Capacity Development and Empowerment	138,997.21
Capacity Building for CFCI Units and Counterparts	30,829.05
Social Mobilization	3,821.23
Monitoring and Evaluation	77,699.25
Total	**276,874.71**

During 2002, the largest category of expenditure was for capacity building at the community level (50% of expenditure). The second largest category was monitoring and evaluation (including village selection), which accounted for 28% of total project expenditures. Building the capabilities of CFCI Coordination Units and other counterparts accounted for 11% of project expenditures, while less than 2% was spent on social mobilization. In 2002, community organization (at 9% of the total) was placed in a separate category since, during the start-up period, a significant amount was spent on orientation of communities and legalization of the CDCs they elected.

In 2003, the percentage of expenditure devoted to monitoring and evaluation had dropped to 14% of total expenditure, since village selection procedures had been completed in 2002 (Table 6, below). Capacity building for community members and for CFCI Coordination Units and counterparts had risen to 62% and 21% respectively. Expenditures for social mobilization were again about 2% for 2003.

Table 6: CFCI 2003 Expenditures by Category

Activity Category	Expended
Community Organization	5,851.57
Community Capacity Building and Empowerment	162,083.84
Capacity Building for CFCI Units and Counterparts	54,046.95
Social Mobilization	4,661.09
Monitoring and Evaluation	35,606.49
Total	262,249.94

As Table 7, below, demonstrates, CFCI's own expenditures for the current year, 2004, had reached 84% of the 2004 planned amount as of October 18, which is roughly appropriate for the third quarter. As in the two years previous, capacity building and empowerment for communities has been by far the largest expenditure category, at 73% of the total, thus far in 2004. Capacity building for CFCI Coordination Units and counterparts has declined to 4% of the total, no doubt because the majority of Coordination Units had already been trained in the first two years. Monitoring and evaluation absorbed 20% of the total in 2004, and slightly less than 3% was spend on promoting community awareness and advocacy (social mobilization).

Table 7: CFCI 2004 Expenditures by Category as of 10/18

Activity Category	Expended
Community Capacity Development and Empowerment	165,843.91
Capacity Building for CFCI Coordination Units and Counterparts	9,348.58
Advocacy and Community Awareness	5,888.71
Monitoring and Evaluation	44,632.67
Total	**225,713.87**

These percentages are, for the most part, an appropriate reflection of the CFCI design. In every year, half or more of expenditures (and in 2004 nearly ¾ of expenditures) have been devoted to building the skills and capabilities of communities, and to mobilizing and empowering them to carry out child-friendly projects. Since communities, especially the CDCs and subcommittees, are the key partners in the planning and implementation of CFCI, they are an appropriate focus for the project's resources. Communities cannot be expected to carry out their work alone, however, and so support to and capacity building for the CFCI Coordination Units is also key to the success of CFCI. Strengthening the capabilities of Coordination Unit members should be an ongoing activity throughout the life of the project. It is suggested that a higher percentage of resources be spent for this purpose in 2005 and 2006, than was spent in 2004.

4.5.4. Timing of the Release of Funds

In three of the states visited by the team, CFCI Coordination Units complained that, during 2002 and 2003, delays in the release of funds allocated for them had resulted in serious constraints on their ability to carry out activities in the year they were planned. The effect of these delays is compounded by the climatic and transport problems in these states. If funds are not released until April (or, in some cases June), this coincides with the beginning of the rainy season, when the remote CFCI villages become inaccessible. In such a case, field activities cannot actually begin until the last five months of the year. When this happens, they are unable to expend their funds on time and they are left at the end of the year with an outstanding advance that can cause further delays in the year following. This schedule is highly inefficient in terms of staff time. Although the rainy season is usually spent building the capabilities of CFCI Units and counterparts, and in planning for activities to come, much more would be achieved in communities if activities began before the rainy season. CDCs and their communities could then continue many activities on their own during the period when they were cut off from the Coordination Units and UNICEF.

The cause of these delays was primarily a result of the complex project planning process. Because the program is committed to bottom-up planning and prioritization of activities, a multi-stage process is required: first, villages carry out PLA activities to identify priorities and plan their contributions, then they submit a plan of action to the CFCI Coordination Unit. The community plans are compiled into a state plan, which must be approved by the State Steering Committee before it is forwarded on to the federal level (MIC) for amalgamation into a national plan[6]. The national PPA is reviewed by UNICEF and the NFSS, and when it is finalized and signed, funds are to be released. This procedure commonly requires 2-3 months, which pushes the release date to the beginning of the rainy season. In 2004, however, the UNICEF Representative was able to sign the release order when the PPA was still in draft, and before it was finalized and signed. As a result, funds were released in late January and activities could begin well before the rainy season. If efficiency in the use of resources is to be achieved, this procedure should be formalized and followed in the remaining 2 years of CFCI.

4.5.5. Targeting of Resources to CFCI Communities:

Each sectoral line Ministry also prepares its own Project Plan of Action at the state level and submits it to the relevant UNICEF section. These plans cover the entire state, but a portion of the plan and budget is designated for CFCI. By agreement, state Ministries should prioritize CFCC communities when preparing their sectoral PPAs. It is the task of the UNICEF sections to ensure that this is done, and to insist that materials, supplies etc. are designated for CFCI communities before issuing a release order. Some UNICEF sections are diligent about ensuring that state Ministries prioritize CFCI, but others are not. As a result, reports were heard from CFCI Coordination Units in states with weak Steering Committees that materials released from UNICEF Khartoum for CFCI were diverted to non-CFCI communities. In a few states with strong commitment from the Steering Committee (and where planned contributions had been met by all partners), however, the flow of resources to CFCI communities was reported to be proceeding smoothly.

This contrast demonstrates the importance of building ownership and support within state Ministries. Even if UNICEF does explicitly designate its resources for CFCI communities, the system can still break down at the state level. Ministries can still divert materials to non-CFCI villages once they reach the state, and there have been reports that this has occurred. It is for this reason that CFCI has begun to distribute drug kits directly to communities (CDC health subcommittees) instead of relying on the state MOH to distribute them. Although the initial plan had been to distribute drug kits through the MOH, it was learned that many of the UNICEF kits were not being distributed to CFCI communities.

Within UNICEF itself, questions surrounding the prioritization of the CFCI focus states and communities have arisen. UNICEF Khartoum is under strong pressure from donors, INGOs, the international assistance community, and the media to intensify the implementation of emergency response activities in the Darfur region. As a result, the attention of essential staff members as well as much of UNICEF Khartoum's funding resources are focused upon the crisis region and on providing essential services for IDPs. Two senior staff members interviewed by the team (both of whom have assumed their posts in 2004 and both of whom are key to the success of the program in their respective domains) stated that they were barely aware of CFCI, because the Darfur crisis had absorbed all their attention during this period. In a setting with limited human and financial resources, there is clearly a conflict, or at any rate a competitiveness, between the goals of emergency response programs and those of sustainable development. Sustainable development programs such as CFCI cannot possibly succeed without the commitment of staff time and adequate material resources. Without this support, CFCI would be a shell program without any real potential for successful implementation of its plans. UNICEF should be careful to ensure that human an financial resources for sustainable development do not "leak" into emergency programs.

4.5.6. Is CFCI worth the investment?

In the context of any community development program, the question of whether it is worth its price is certain to arise. Community development is time-consuming in relation to other development approaches, in that interventions cannot get underway until community organization has been successful, community committees have been trained, and community members have been oriented, mobilized and persuaded that their contribution of time and materials will benefit them in the end. In consequence, community development programs by their nature have little to show in terms of concrete achievements in health, education or water and sanitation during their early months; and it is indeed undeniable that CFCI has gotten off to a slow start.

In addition, community development obviously requires a commitment of extra financial and staff resources above what is needed to carry out service improvement activities, since community members must receive extensive training, monitoring and technical support to be ready to plan and implement these activities. As the CFCI budget above demonstrates, the bulk of its expenditures have supported skills-building for members of CFCI communities.

The justification for these added human and financial resource costs is that, if CFCI is successful in building proactive, committed, and skilled community-level structures and institutions, then it has a chance to achieve sustainability in terms of continued community participation in child-friendly activities and projects after UNICEF has withdrawn. As discussed in sections 4.3.1. and 4.7., the evaluation team found trained, organized and motivated CDCs in all but 1-2 of the communities they visited. In interviews with these CDCs, their members expressed the confidence that, if sufficient members are trained, they would continue to organize child-friendly projects after UNICEF's contributions to CFCI have ended.

Their future achievements will be very limited, however, if certain conditions are not met. First, enduring linkages between these communities and the state Ministries as well as locality sectoral units must be established, and new sources of material resources must be identified to replace those now provided by UNICEF. CFCI's record in cementing ties between communities and state-level authorities has varied considerably by state, but the most successful states demonstrate that the approach can work, and they provide a model that can be generalized or replicated to less successful states and new partner states in the future. Second, more attention should be devoted to building the capacity of CDCs to identify external resources and partners, and to develop and submit successful proposals. Finally, CFCI should train more community members in existing communities, to widen the sense of ownership and participation within the community, and to provide a back-up in case any CDC members resign from the committee. Unless the project is strengthened through measures such as these, it may prove in the end to have been a poor use of resources. The remainder of the report will address these issues in more detail.

<u>4.6.</u> *Has the CFCI approach empowered communities, generated a sense of ownership of program activities, and broadened the participation of women and youth in decision-making and planning?*

The findings on community-level empowerment and participation were on the whole very encouraging, with the exception of the gender empowerment findings. In all of the 16 communities visited, focus group discussions with community members at large revealed that community-level processes designed to ensure democratic and broadly participatory planning and decision-making had been followed. The purpose and procedures of CFCI had been explained in general community meetings by CFCI Coordination Units, and in all but one community, CDC members and officers had been chosen by open vote. Often, the CDC was found to include (or be chaired by) the village chief (*Omda* or *Sheikh*). Although this might appear to indicate undemocratic domination by traditional leaders, the team concluded that the advantages of obtaining the full commitment and support of this influential figure outweighed this danger. In the few villages without the support of the traditional leader, he was found to be a powerful source of difficulty to the CDC. Overall, the importance of including the traditional leaders in CFCI structures is great enough that, in communities wherein they are not selected for the CDC, they should occupy a prestigious but ceremonial position as adviser to the CDC.

One of the CFCI program's goals with respect to participation and empowerment is to ensure that women and youth participate fully in the decision-making and planning functions of their communities. Its main methods for pursuing this goal are 1) to request that the composition of the CDC main committee will be equally male and female (5 of each) and that two youths – a girl and a boy – will also be chosen for the main committee; and 2) to form subcommittees for women and youth that will organize activities specifically aimed at promoting the interests of these traditionally marginalized groups.

In visits to communities, gender empowerment was found to be one of the many areas in which communities vary widely. In two communities, a strong effort had been made by the CDC to promote the participation of women; and strong and active women's subcommittees were found in these villages. In one, CFCI is pilot testing an income generation/productive association activity in which 62 women have been trained to process and package dried foods for sale. In this community, women are highly visible and proactive in the community, and the evaluation team was told that this village had abandoned FGM entirely since it began its association with CFCI.

In most communities, however, progress on gender empowerment has been much slower. An equal number of males and females were not found on the majority of CDCs that were observed by the team. Some flexibility has been allowed in the organization of the CDCs, in that some villages have chosen more than the suggested ten members for the main CDC. Only three of the sixteen CDCs, however, had an equal number of males and females on the main committee, and in one of these three CDCs, the majority of those who had completed CFCI training were male. The rest were unbalanced in favor of

males. In the most conservative area visited (a community in Kassala state), female members were required to meet separately from male members and their function was mainly to review and approve decisions made by the men. Even in these communities, women reported that progress had been made since the advent of CFCI; and improvements in girls' enrollments in the early primary grades was cited as evidence of this. In all communities visited, female literacy and promoting girls' enrollments were goals that the community embraced; although more conservative communities expressed ambivalence about schooling for older girls. Literacy training for adult women was also endorsed and requested, even in the most conservative communities.

The organization of women's subcommittees to achieve gender empowerment has also had mixed but largely disappointing results. Women's subcommittees had been organized in all the communities visited, but about half were not active. When a group of community women at large were asked who was on the women's subcommittee and what the subcommittee had done for them, they were not able to name tangible accomplishments in the majority of villages. Members of the women's subcommittees attributed their inactivity to a number of factors. In conservative areas, it took considerable time and effort to convince women that their public participation would benefit them and their communities. Even in communities with strong and well-developed women's subcommittees, complaints were heard from women's subcommittee members that their requests for gender empowerment and WID activities had been turned down by UNICEF on the basis that their state was not a focus state for these activities. The most common problem of the women's subcommittees, however, appeared to be a confusion about the appropriate role of the subcommittee and what activities it might undertake. In the view of the team, the design of CFCI is not explicit about the activities that will be required to make the women's subcommittees an active force for gender empowerment. During the second half of CFCI, CFCI UNICEF should consult with the more dynamic and successful women's subcommittees to identify activities that women feel are of benefit to them and that promote active involvement of women in community life.

CFCI has had greater success in involving youth in village planning and implementation. In the 16 communities visited by the team, all had at least one youth on the main CDC; and usually both a boy and a girl were included. For the most part, youth subcommittees were found to be more active than women's subcommittees. This was in part because youth subcommittees were able to utilize organized sports and games (soccer, volleyball) to interest youth in participating. In many of the communities visited, the youth subcommittee had planned to construct a youth center from locally available materials, and some had already begun construction. Many youth subcommittees had also participated as the core labor force in other community construction projects, such as the construction of classrooms, health units and community centers. Overall, it may be the case that there is less cultural resistance to public participation of youth than of women. If so, then this may explain the fact that CFCI has made more progress in empowering youth. Program factors may also be involved, however, in that the design of CFCI and its planned activities are more explicit in identifying activities for youth – Theatre for Life, peer education, peace building, etc. – than for women.

4.7. What obstacles and constraints have been encountered during implementation of CFCI, and how have they been resolved or overcome?

The barriers and obstacles CFCI has encountered have been touched upon elsewhere in the report. It is worth summarizing them here, however, to obtain a clear picture of the range of difficulties that CFCI must address if it is to achieve success by 2006.

4.7.1. Armed Conflict and Its Impacts on CFCI Communities

Section 4.4. 5 above discusses the issue of diversion of resources from CFCI to the Darfur crisis. The CFCI focus states themselves include several that are war-affected, either now or in the recent past. The presence or history of armed conflict is an impediment to the implementation of CFCI for several reasons:

- Stable villages have had to absorb and provide for the needs of IDPs who have taken refuge in their communities but have no land or other source of financial support. Most villages in conflict areas are also home to a number of war widows who are caring for children without the help of a breadwinner. These communities are consequently unable to free up the resources required to meet the contributions they have pledged to make to CFCI activities.

- Some CFCI communities have themselves been displaced. This is most common in the Darfur region, but has also occurred in other conflict zones such as Upper Nile State. There, 13 of the original 24 villages selected and trained by CFCI have been attacked and eradicated. The populations of these communities have fled the area, and infrastructure created through CFCI has been abandoned.

- Normal economic activity is disrupted in war zones. Some communities that once met their full contribution to CFCI can no longer do so, because their sources of income have been reduced. Security concerns prevent farmers or herders in war zones from traveling to their more distant fields and grazing grounds; and communities that profited from local markets usually find they are closed when armed conflicts break out in the area. Travel to more distant markets is similarly disrupted.

- In war-affected states, public services, supplies, materials and resources have been diverted from their normal distribution paths to IDP camps, particularly in the Darfur region. There, requests to state-level line Ministries from stable CFCI villages are usually refused, they report, because the IDP camps are prioritized for new water points, latrines, health units, etc.

- Some community members in volatile regions told the evaluation team that, although there has been no strike on their village as yet, attack and displacement appear to them to be imminent. As a result, no one in the community is willing

to make investments in local infrastructure or other improvements that might have to be abandoned at any time.

- In zones wherein a large number of international organizations are present and carrying out emergency response programs, these organizations have begun to "raid" the ranks of government personnel to staff their own programs. Some of these states' most qualified staff members, therefore, including some who were seconded to CFCI Coordination Units, are either moving to international organizations or were considering such a move at the time of the evaluation.

Travel and Seasonal Access Problems

In all the states visited by the evaluation team, at least some of the CFCI villages are inaccessible during the wet season due to wash-outs and deep mud. In half the states visited, virtually all of them are cut off, since CFCI has deliberately selected the most disadvantaged and remote communities. This limits the field activity period to approximately half the year. In 2002 and 2003, this problem was exacerbated by delays in the release of funding, which prevented activities from being initiated until after the rains – in the third quarter of the year.

4.7.2. Funding and Resource Limitations

Resources limitations are constraints to project implementation both in terms of shortfalls in the expected contributions to CFCI itself (section 4.4.2) and in terms of the inability of resource-poor line Ministries to meet the requests of CFCI communities. Because financial contributions from the federal government, the states, the localities and UNICEF have been below the planned level in every year thus far, CFCI has no been able to build the capabilities of a "critical mass" of community members in some areas. In discussions with CFCI Coordination Units and CDCs, participants often commented that community mobilization would move faster, and the approach would be more sustainable, if additional members of the community could be trained. In one of the most successful communities visited, all members of the subcommittees as well as the main committee – 33 individuals in all – had been trained by CFCI. In most communities, eight members of the CDC main committee were trained and no members of the subcommittees. The success of the approach depends upon the establishment of adequate skills and capabilities within the community, and this cannot be done without resources.

4.8. How sustainable and replicable are the structures and improvements introduced by CFCI?

4.8.1. Sustainability:

Sustainability is one of the most important concerns of CFCI, and indeed may be said to be its raison d'etre. It is widely recognized that community development programs such as CFCI are relatively costly in terms of time and resources in relation to concrete achievements such as improvements in infrastructure and equipment. The justification

for investing in community development programs such as CFCI is that their design is aimed at establishing long-term improvements that will be sustained and maintained by the community itself. A critical principal of CFCI, therefore, is that its structures and activities will be sustained in graduated (Child Friendly) villages after the project ends in 2006.

Sustainability, however, depends on a number of enabling conditions, such as: 1) the establishment of well-organized proactive structures and associations, whose members have the requisite skills to carry on the project; 2) strong and enduring links between communities and outside sources of advice and assistance such as government agencies, international organizations and NGOs/INGOs, and 3) community access to the resources, including financial and material resources, required to implement future activities. These conditions will be discussed in turn.

Sustainable Community Structures: The findings on community structures were encouraging in that all the communities visited had selected CDCs and subcommittees; and the at least eight members of the main committees had received the full training package from CFCI. All reported that they had prepared a community plan of action for 2004; and the CFCI Coordination Units confirmed this. As discussed above, the CDCs had varying success in putting these plans into action, since some were impeded by external constraints such as armed conflict and seasonal inaccessibility. Nevertheless, all had embarked on at least one community project and most had carried out and completed 2-3 projects. In the best performing communities, the full package of services available through CFCI had been introduced, and the CFCI Coordination Unit in El Gedarif and Blue Nile were considering the possibility of graduating some villages in 2005.

The evaluation team, in discussions with CDC members and community members at large, asked participants' views on whether or not their CDCs, subcommittees, and communities would continue to be active in organizing child-friendly projects after UNICEF withdraws its support in 2006. Informants were unanimous in asserting that their CDCs would continue to meet and lead the community in activities after 2006. The CDC members said they had gained the skills needed to carry out participatory planning, monitoring and evaluation; and they had gained experience by implementing the projects that had already been completed. They will continue to possess these skills and experience after 2006. There is reason to believe community organization and mobilization skills will not be lost after UNICEF withdraws; particularly in view of the fact that, in many areas of Sudan, village men had worked together under the leadership of traditional leaders even before CFCI. In the words of one informant,

> *"We (the men) always cooperated in carrying out our farm work, but CFCI taught us that this cooperation can extend to any type of project we would like to carry out, and that all community members, even children, can take part."*

Sustainable Links to External Partners and Sources of Assistance: Even if communities continue to plan and organize child-friendly activities, their ability to carry out successful initiatives will be severely limited if they cannot secure inputs and technical assistance

from partners outside the village. The most important partner will always be government agencies at the state and locality levels. The CFCI Coordination Unit is the primary source of guidance and technical assistance for CFCI communities; and even communities that have achieved Child Friendly status and graduated from the program are expected to call upon the Coordination Units at need. The Units will, however, only be a resource for them only for as long as focal point persons are seconded to it by the Ministry of Finance and sectoral line Ministries.

In discussions with the evaluation team, CFCI Coordination Units and State Steering Committees both expressed the view that the continued existence of the CFCI Coordination Unit did not depend on UNICEF. The State Steering Committee members were generally of the view that the CFCI Coordination Unit was a useful conduit for reaching communities, and so they intend to continue to support this structure. Many State Steering Committees, however, had not followed their stated commitment with strong positive action in terms of meeting regularly with CFCI Coordination Units, using the CFCI data base to monitor and plan, and protecting CFCI against the diversion of its designated materials and resources to non-CFCI communities. In these states, it is doubtful that sustainability will be achieved if it relies on action from the top Ministry officials on the Steering Committee. The creation of State Technical Committees, as discussed elsewhere, is of particular importance in these weak-performing states. Provided the members of the Technical Committee are senior enough to wield influence in their respective Ministries, they could champion CFCI and advocate for its continuation after the end of UNICEF's involvement.

At the community level, CDCs and subcommittee members should be empowered to interact directly with line Ministry officials by the time they are graduated. To some extent this has already taken place; one community member informed the team that "*CFCI has taught us how to seek our rights from government*." This is key to sustainability of CFCI in its graduated communities, and so it should be covered in a pre-graduation training session for all Child Friendly Communities.

<u>Community Access to External Resources and Assistance</u>: A shortage of funding and material resources has been one of CFCI's most serious constraints. In no year of the program (2002-2004) have contributions equaled the planned amount from all of the partners; although community contributions came very close to matching (and in some states actually exceeded) the plan, and UNICEF has contributed significantly through its sectoral programs. If states, localities and the federal level are unable to meet their planned contributions now, it is unlikely that they will be able to assume a greater share of the cost of CFCI after 2006. The prospects for securing increased financial contributions from government are poor, and this constitutes the greatest threat to CFCI's sustainability. To address this problem, communities should be coached in methods of seeking new partners from among INGOs, U.N. organizations and bilateral donors. The CFCI section team at UNICEF should conduct a limited training of trainers for the CFCI Coordination Unit in which they practice proposal writing and other fund-raising skills, and are trained to help CDC members to identify and approach potential partners with proposed plans of action.

4.8.2. Prospects for and Pace of Expansion:

CFCI has already begun to expand its range of target communities, in that it has added 49 new villages in 2004. These communities were selected because they are sites to which IDPs are likely to be returning in the near future, assuming peace is maintained. In some states, however, (see the state profiles, below) this expansion took place before the phase I villages were fully trained and ready to begin work. This premature expansion was a set-back for the Phase I communities, since it delayed the training of their CDCs in the third training module (managing drug revolving funds) until nearly two years after the first module was conducted. CDCs are certain to lose momentum and forget key information under these conditions. It is recommended, therefore, that no expansion to additional communities should take place until all Phase II communities have been fully trained and have successfully carried out at least one community project.

5. State Profiles: Summaries of Findings for 8 States Visited by the Team

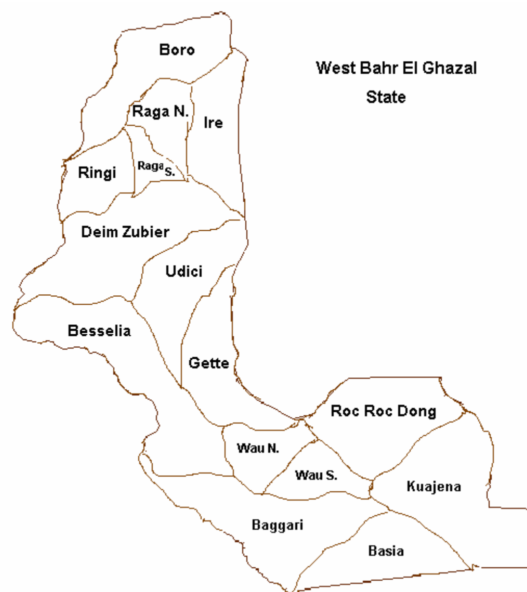
Western Bahr El Ghazal State

Sites Visited: Wau, Lokoloko Community and Bussere Community

Interviewed: UNICEF RPO, HAC Commissioner, State Steering Committee, Locality/Administrative Unit Leaders, CFCI Coordination Unit, members of Lokoloko and Bussere communities, CDCs of Lokoloko and Bussere

Findings:

1. The collaboration between the line ministries and CFCI is functioning well at the community level. Teachers and health workers (medical assistants or community health workers) have been assigned to the classrooms and health facilities constructed by communities with CFCI/UNICEF assistance and support, and water points have been improved through the WES Ministry when communities request assistance.



2. Nevertheless, communities appear to vary widely in terms of the ability to implement CFCI. The team was able to visit one community that is a strong performer and another whose history of planning and implementation have been weak thus far. The CFCI initial training may

not be sufficient for all communities, and so short refresher training sessions should be built in. Additionally, more frequent support and supervisory visits should be scheduled by the CFCI Coordination Units during the first year of implementation; particularly for poorly performing communities.

3. Emergency relief services provided over the twenty year period of civil conflict have resulted in a strong dependency orientation in southern Sudan. The expectation that basic services should be provided by outsiders (government, UN organizations and NGOs) for free undercuts the efforts of the CFCI Coordination Unit to inculcate the self-help concept, particularly with regard to its cost recovery and community contribution aspects.

4. Traditional leaders can be a significant resource for the CFCI CDCs, or they can undermine them if they feel their authority is threatened. It is suggested that, although the democratic approach to CDC member selection should not be compromised, traditional leaders could be offered a complementary (but largely ceremonial) position such as " CDC Advisor" that will allow them to share in any credit or prestige that accrues to the CDC.

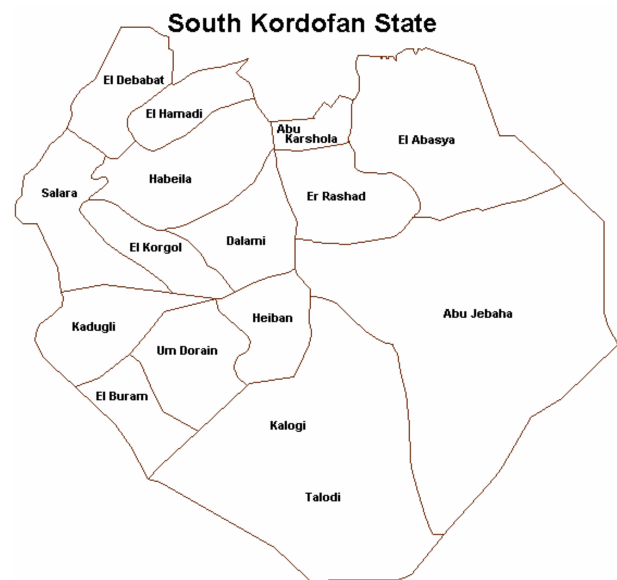
5. Although the CFCI Coordination Unit is collecting information on the key indicators from communities, this information is not being used for monitoring or planning. This is primarily due to the absence of regularly scheduled reporting. Reports on key indicators should be generated at least quarterly. They should be disseminated to the Steering Committee for planning and monitoring, and to other stakeholders for purposes of collaboration and integration.

6. Unlike many states, Western Bahr El Ghazal state has a functioning Locality (Mahaliya) structure, which could play a larger supportive role in CFCI. It is suggested that the leaders of the Administrative Units with CFCI villages should meet separately with the Executive Director of the Locality and the CFCI Coordination Unit every quarter, to discuss the progress of CFCI in these AUs, to identify constraints, and to suggest ways in which the Locality structure and personnel could strengthen CFCI in the Administrative Units where it is operating.

South Kordofan State

Sites Visited: Kadugli, Karonga Community, Damiek Community

Interviewed: Minister and Director General (DG) of Finance, State Steering Committee, Minister of Education, Minister of Social Welfare, CFCI Coordination Unit, members of Karonga and Damiek communities, CDCs of Karonga and Damiek.



Findings:

1. As in Western Bahr El Ghazal, the line ministries appear to be working with the CFCI CDCs to staff the facilities (classrooms and health facilities) constructed by the communities; and 98% of households in one community had obtained latrines through the collaboration of CFCI and WES. The two line Ministers interviewed by the team described CFCI as a valuable entry point for their Ministry to the community; and the Steering Committee expressed gratitude for the CFCI data which has pointed them toward the most disadvantaged communities.

2. CDC members describe initial difficulties in persuading community members that cost-sharing and community participation would benefit them – but the two communities visited reported considerable progress in implementing community projects such as construction of community centers, annex rooms to a health facility, and classrooms. In addition, successful revolving funds for drugs and mosquito nets were found in the two communities.

3. The state has serious constraints that have interfered with timely initiation of of some planned activities:

    - Virtually the entire state is inaccessible by road during the 6-month wet season each year. Field implementation, therefore, is limited to half-time.

    - Although currently at peace, this is a war-affected area which is burdened by a number of associated problems. First, communities are finding it difficult to absorb the many returnees who were displaced during the war years. Second, every village has a large number of war widows who are single heads of households. Third, the state has lost an entire generation to illiteracy; since no schooling has been available in many parts of the state for over 15 years.

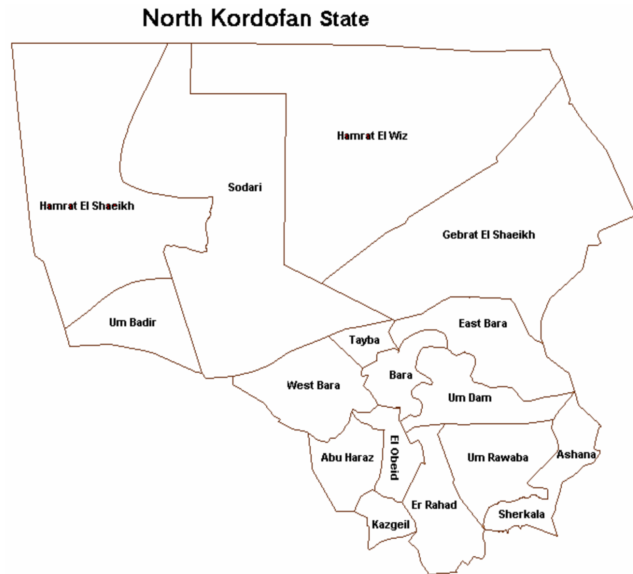
    - As in other states, the South Kordofan CDCs are also hampered by overlapping organizations and agendas. The potentially conflicting structures and procedures introduced into communities by different organizations are confusing to community members. These redundant efforts also dilute the effectiveness of initiatives by spreading participation too thinly. In the few villages in which organizations have coordinated, on the other hand, synergies have been achieved. The Ministry of Finance/Dept. of Planning could perform a useful coordination function (see above).

    - The CFCI Coordination Unit has had good results by instigating a spirit of competition between CFCI communities. Other states could learn from this example. By reporting back to the CFCI communities on the progress they and other communities have made, it may be possible to speed up implementation (if communities compete with each other to be classified among the strong performers).

North Kordofan State

Sites Visited: El Obeid, Um Jarba Community, Taloshi Community

Interviewed: UNICEF APO and staff, State Steering Committee, CFCI Coordination Unit, members of Um Jarba and Taloshi communities and CDCs of these communities.



Findings:

1. North Kordofan state is lagging in its implementation of CFCI-driven improvements in services. This slow progress is due to a number of constraints which, while not unique to North Kordofan, are particularly acute in this state. They include:

   - Dispersed population distribution: The population of the "red" areas selected for CFCI is very sparse, and communities are widely separated. It is difficult to organize or monitor a widely dispersed population, and the Ministry of Health (MOH) will not assign a Medical Assistant to a community of less than 1000 members.

   - Lack of safe water: The Ministry of Water, Environment and Sanitation (WES) is unable to install wells or handpumps in many villages because these sites either lack ground water or have sandy soil that collapses when a well is dug or drilled. As a result these communities must rely on traditional rainwater collection systems (*hafir*) which do not yield reliably clean water. Only one CFCI community in this community had safe water at the time of the evaluation.

   - Poor health knowledge Preventive health care is constrained by very low awareness of the cause of common diseases. For example, many communities do not understand the need for clean water, and so they allow their water sources to be contaminated by domestic animals.

2. In addition to these constraints, there is a failure of some line Ministries in North Kordofan to support the CFCI approach. Some ministry officials are unwilling to prioritize the hard-to-reach "red" communities, since they feel their limited resources could be utilized more efficiently in larger and more accessible communities. Even supportive Ministries may be reluctant to operate in an integrated way with other Ministries. An example is the Ministry of Education. Since the MOE has been the most successful of the line Ministries in improving

services in the CFCI villages, its officials have become impatient with other Ministries and would like to forge ahead without waiting for them to catch up.

3. In response to the federal Ministry of Health's decision to discontinue support for the training and remuneration of Community Health Workers, North Kordofan State has made the decision that it will support the CHW program at the state level. This will be a help to small, remote CFCI communities that want a functioning health facility but are not large enough to be assigned a Medical Assistant. So far, North Kordofan is the only state to assume this respobnsibility.

4. The most encouraging observation made by the team in this state was its visit to Taloshi community. Taloshi is not a current CFCI village, but is a "graduated" village from the CFVI program. This community was found to have sustained many of the structures and practices introduced by the CFVI. For example, its Village Development Committee is still active, meets regularly and is leading the community in developing new projects. New community activities carried out since the active withdrawal of UNICEF support have included the reconstruction of a collapsed health unit and construction of a house for the Medical Assistant. The VCC members said that through they had learned how to approach other partners (NGOs, etc.) and various levels of government (such as the Locality) for assistance. Plans for future activities are underway, and neighboring communities are said to be trying to copy Taloshi community self-improvement initiatives. This success suggests that community self-sufficiency may be a sustainable approach.

Upper Nile State

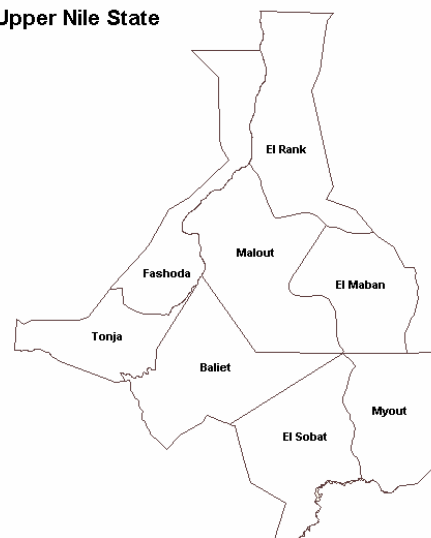
Sites Visited: Malakal, Bailiet Community, Dangar Shufu Cmmunity

Interviewed: UNICEF RPO, State CFCI Steering Committee, CFCI Coordination Unity, community members of Bailiet and Dangar Shufu communities, and members of the CDCs of Bailiet and Dangar Shufu.

Findings:

1. The Upper Nile State has not progressed as far in implementing CFCI as have the other states visited during the evaluation. This is probably the result of three factors:

    - The State Steering Committee demonstrates little willingness or ability to commit time to guiding, monitoring and overseeing CFCI. They do not meet on a regular basis (though they do conduct a review of activities every six months), and the Minister of Finance



informed the evaluation team that some of the DGs have failed to internalize the CFCI concept. The program has little support, therefore, at the state level. This lack of commitment has had a demoralizing affect on the CFCI Coordination Unit, which is therefore less proactive than most. A State Technical Committee has been designated but is not active. In discussions with the Steering Committee and CFCI Coordination Unit, it was decided that activation of the Technical Committee would be necessary if the program is to have the technical support and advocacy within the state government that it needs.

- This low level of state support is in turn at least partially explained by a lack of state resources. At the time of the evaluation, none of the CFCI Coordination Unit members had received their government salaries for several months, and even senior Ministry officials were two months behind on salary. Since salaries are part of the state's in-kind contribution to CFCiI, the state contributions to CFCI are not being met.

- Although it has not received the attention of the Darfur region, Upper Nile State has also suffered from severe conflict and displacement problems during 2004. Of the original 24 villages selected and trained by CFCI, 13 have been destroyed, the population has fled, and project-initiated infrastructure has been abandoned. A new set of 24 villages was selected to replace the villages that were eradicated. Eleven of the original villages are still in existence and are continuing to work with CFCI, but none of the CDCs had completed the third training module until the week the team was present.

2. Expansion of CFCI to the second set of villages began before the original (remaining 11) communities had been fully trained; causing a long gap between the first and third training modules for the original communities. This early expansion was undertaken because it was assumed that CFCI could help the new communities prepare for the return of internally displaced persons (IDPs) to the area. Because the expansion was premature, and because CFCI was not designed to be an emergency response program, the Coordination Unit has not been able to begin effective implementation in either the original 11 or the new 24 villages.

3. There is a conflict between the CFCI community selection procedure and the efficient use of staff time and transportation funds. The communities found to be neediest in Upper Nile State are separated from one another by considerable distances, and some of them are reachable only by a speed-boat trip of several hours. The cost of operation the speed-boat is high, and a significant amount of staff time is consumed by travel to distant communities for monitoring and technical support. If CFCI has selected the most disadvantaged ("red") localities, several "red" communities would still be found in each locality, and significant time and resources could be saved by visiting them all at once.

4. As in some other states, communities have been perplexed by the formation of a wide array of committees, each with its own procedures and principals, by various organizations and branches of government. To reduce redundancy and confusion, the Ministry of Finance should rule that all organizations should work through a single, coherent set of structures and procedures in each village (though these may vary from village to village).

5. Delays in implementing the Drug Revolving Fund in Upper Nile State have been a set-back in the program. The DRF is a critically important intervention; in part because of its potentially life-saving implications for health, and in part because it provides a visible model of the concept of community self-management that can be generalized to other purposes.

6. The CFCI Coordination Unit would function more effectively if it were strengthened and had more support. A full-time focal point person should be seconded from each Ministry if possible, and the Unit should be provided with an office that is large enough to conduct meetings.

North Darfur State

Sites Visited: El Fashir, Barbogat Community, Magdoub Community, Abu Shok Camp

Interviewed: UNICEF In Charge, State CFCI Steering Committee, CFCI Coordination Unit, community members of Barbogat and Magdoub Communities, and members of the Barbogat and Magdoub Community Development Committees.

Findings:

1. North Darfur State's Steering Committee was one of the strongest and most supportive of those observed during the evaluation. The Steering Committee meets quarterly to assess progress of CFCI on the basis of quarterly reports produced by the CFCI Coodrination Unit, and to review the implementation of decisions taken at the previous meeting. The Committee expressed strong support for the CFCI concept and approach. In their view, it offers a unique platform for coordination between the Ministries; since there is no other forum in which they all confer together. CFCI was also praised CFCI's Community Project Plans of Action as the only existing mechanism for bottom-up planning.

2. The North Darfur State CFCI Coordination Unit is also one of the most active and committed of any observed during the evaluation. Its members are seconded full-time from the Ministries of Finance, Health and Water, Environment and Sanitation; and a part-time focal point person is seconded from the Ministry of Education. The commitment of this Unit has been demonstrated repeatedly during the Darfur emergency; particularly in the beginning when there was no UNICEF presence locally. Later, when the conflict made many CFCI villages inaccessible, the Unit invited selected CDC members to El Fashir where they were trained in small groups of 6-8 (instead of 30 at a time as is usual).

3. Despite the high level of commitment and support at the state level, many CFCI activities are behind schedule or have not been initiated. For example, 30 midwives and 22 health cadres were to have been trained by the end of 2004, but none have yet been trained to date. The installation of new handpumps and school latrines is also seriously behind schedule.

4. The principle cause of the delay in implementation of CFCI is the conflict situation in the Darfur region. The emergency has affected the implementation of CFCI in a number of ways, including the following:

    - Diversion of Personnel and Public Resources: The supplies, materials and financial resources of the line Ministries have been largely diverted to meeting the needs of internally displaced persons (IDPs) in the state. In non-conflict states, for example, the WES Ministry is usually able to meet the requests of CDCs for infrastructural improvements aimed at making clean water and sanitation accessible in CFCI villages. In North Darfur, by contrast, new handpumps and latrines are constructed in the displacement camps instead. Stable communities receive relatively few services as a result. In addition, the government has lost essential personnel because international organizations and NGOs have hired them to work in emergency programs.

    - Absorption of IDPs: Not all IDPs have taken refuge in the camps. Many have simply relocated to neighboring villages, where they do not have any established means of support. These IDPs are a strain on the resources of settled villages, many of which are CFCI communities. As a result, these CFCI communities are unable to meet the community contribution required for implementation of local activities.

    - Economic Disruptions: The disruption of normal economic activities has also interfered with CFCI communities' capacity to contribute resources to implementation of CFCI. For example, local markets have disappeared and farmers are unable to cultivate the fields farthest from their villages.

    - Fear of Displacement: Community members in Barbogat indicated that they are not willing to invest labor or money in improvements to villages that might be destroyed at any time. Since the surrounding villages have been

attacked, members of stable communities have packed their belongings and are ready to flee the conflict if necessary.

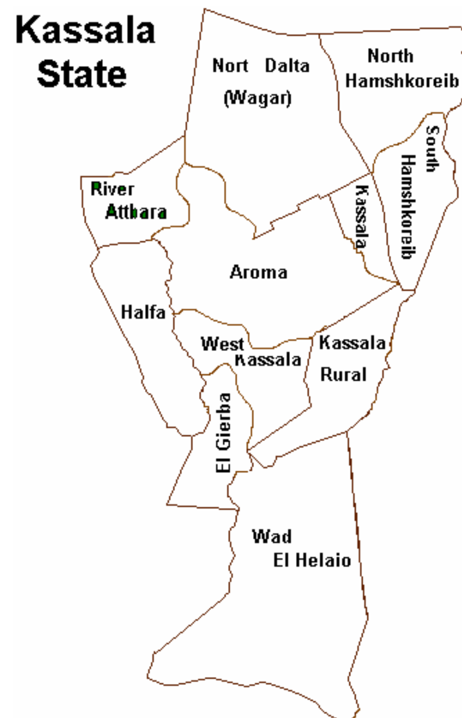
5. Despite these impediments, CFCI in North Darfur State has been able to achieve some of its objectives and is on schedule with respect to others. Among them are the following:
   - At least some of the CDC members from all 30 CFCI communities have received the full three training modules.
   - As planned, 20 classrooms have been rehabilitated and seating has been provided for 1400 pupils.
   - Training in basic education has been provided to 100 teachers.
   - Essential drugs have been distributed to 27 communities (to establish the drug revolving fund).
   - 60 community mobilization radio programs have been produced and 30 children have been trained in the Child-to-Child approach.
   - 463 of 480 planned HIV/AIDS orientation sessions have been conducted.

Kassala State

Sites Visited: Kassala, Teloeit community, Goloseet Station community

Interviewed: State Steering Committee, CFCI Coordination Unit, members of Teloeit and Goloseet Station communities, CDC members in these communities.

Findings:



1. Implementation of activities in Kassala have been delayed by funding constraints. Specifically:
   - The UNICEF and Federal contributions to CFCI in 2003 were delayed by the lengthy process of PPA approval. These funds were released too late for the initiation of activities prior to the onset of the rainy season. Since no field activities can take place during the rains, actual field implementation did not begin until the last half of the year.
   - CFCI in this state received no funds from UNICEF's health section or the state Ministry of Health this year.
   - The Locality (Mahaliya) is under-financed and unable to pay the salaries of sectoral personnel who are under their designated are if responsibility.

2. Progress has been made in gender empowerment, but the program is starting from a particularly low point in this state. Women's status and autonomy are especially poor in Kassala. This has slowed progress in general since communities' attempt to meet the requirements of CFCI while preserving their own cultural traditions has led to some cumbersome and time-consuming arrangements:
   - All activities that involve both men and women must take place separately, and so female CDC members must meet separately from male members.

   Decision-making, even among CDC members, is entirely in the hands of men. Women have only an approval role, and it is doubtful that they could disagree with any decisions made by the men. Some communities would like to carry out development activities focused on women, but none of the requests from communities to fund WID activities such as skills training for women were granted (except for FGM-related activities, and CFCI communities were not prioritized even for these).

4. Line Ministries in other sectors have also failed to prioritize CFCI or have diverted materials released for CFCI to other, non-CFCI communities.

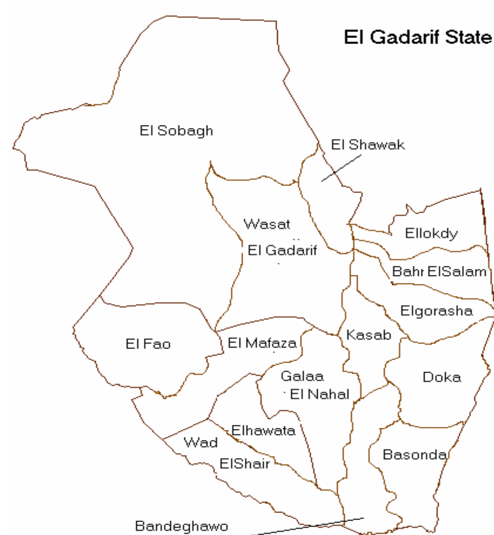
5. Kassala's CFCI communities find it difficult to solve its problems in the WES sector because 16 out of 30 lack groundwater.

6. Despite these constraints, Kassala has a solid record of achievement. This is at least partially the result of a strong collaboration between the State Steering Committee and CFCI Coordination Unit, in which they jointly monitor and plan activities based on information derived from the CFCI data base for the state.

El Gedarif State

Sites Visited: Gedarif, Gelgabat Mahaliya, Karsh El Feel community, Elebake community

Interviewed: CFCI Coordination Unit, State Steering Committee, Executive Officer of Bandeghu Administrative Unit in the Gelgabat Locality, members of Karsh El Feel community and CDC members of Karsh El Feel and Elebake communities.



Findings:

1. El Gedarif is one of the high performance states for CFCI. Nevertheless, it was a challenge to UNICEF to build support among line ministries in the first year of the

program. This was in part because the Ministry of International Cooperation did not explain the roles and responsibilities of various players when it sent a letter asking the State to create the CFCI structures. Terms of reference have now been developed for all levels (Steering Committee, Coordination Unit, CDCs), but implementation might have begun earlier if the MIC had given more explicit guidelines. A National CFCI Coordination Unit, based in the MIC, could be organized to address this problem.

2. All levels of the structure (UNICEF, Federal, State, Locality and communities) have met their designated funding obligations to CFCI this year. However, just as in Kassala, initiation of field activities was delayed in 2003 by the failure of UNICEF Khartoum and the National Fund for State Support to release funds before the onset of the rainy season. This delay was avoided in 2004 when the UNICEF Representative signed a release before the PPA approval process was completed.

3. Coordination between the State and UNICEF Khartoum has suffered by the fact that some UNICEF sections have a set of focus states that does not match the CFCI focus states. El Gedarif is not included among the focus states for the RPP section, for example, so many requests from communities for gender empowerment and peace-building activities have been refused on these grounds.

4. Initiation of gender empowerment activities has also suffered from the fact that they are the responsibility of the Ministry of Social and Cultural Affairs, which is a newly created ministry. Since it was created after 2002, it has not signed a Project Plan of Action with UNICEF. This is a constraint that should be rectified as early as possible.

5. The CFCI data base is well maintained and is generating regular reports to the State Steering Committee. The State is looking to CFCI to help them monitor the progress of development in El Gedarif, and so the Coordination Unit is now attempting to provide technical assistance to the State in this area.

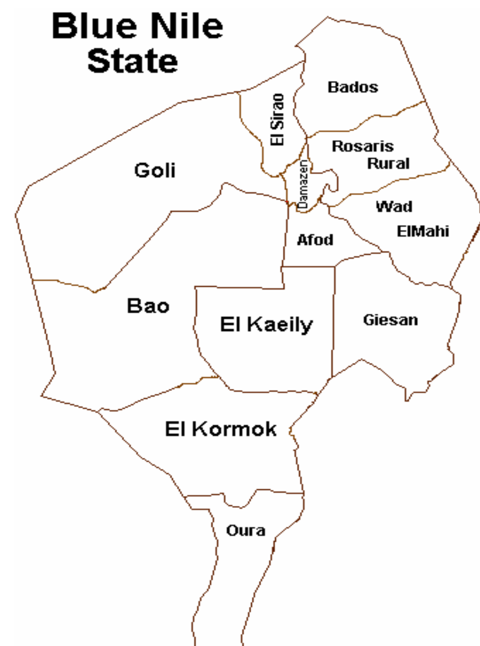
6. Unlike most states, the Localities are actively contributing (both financially and in terms of human resources) to CFCI in El Gedarif. One Locality has offered to support eight CFCI villages in addition to those supported by UNICEF, if UNICEF will provide training for CDCs in these villages.

7. The Water, Environment and Sanitation sector is the weak link in Gedarif because of a lack of equipment. The WES Ministry has only one drilling rig to cover the needs of three states. The requests of communities, therefore, sometimes go unmet. This has been a serious constraint in one community the team visited. The community had provided its required financial contribution to WES in late 2002 for two new handpumps, but have not received any handpumps to date. As a result, the community has lost confidence in the promises of CFCI. A second

drilling rig had been planned by UNICEF, but has been diverted to the Darfur region.

8. The education and health sectoral interventions are achieving success in the State. Thirty-one new health facilities have been established under CFCI, and a Medical Assistant has been assigned to each. The main problem remaining in this sector is a shortage of essential medical equipment for these new facilities. In addition, the State and its communities are asking UNICEF to prioritize prevention of leishmaniasis, which affects up to 80% of the population in some areas of El Gedarif.

Blue Nile State



Sites Visited: Damazin, Fadamia community, Goli El Fong community

Interviewed: The Minister of Finance, the State Technical Committee, the CFCI Coordination Unit, Islamic World Relief Representative, Executive Officer of Damazin Mahaliya, members of Fadamia community, and CDC members of Fadamia and Goli El Fong communities.

Findings:

1. Like El Gedarif, the Blue Nile State is one of the best performing CFCI states that the team was able to visit – despite the fact that this is a war-affected state wherein villages are inaccessible by road during the rainy season.

2. One significant factor in the success of CFCI in Blue Nile is the leadership exercised by a State Technical Committee (under the coordination of the State Steering Commitee. Although other states have attempted to constitute a Technical Committee to work more closely with the Coordination Units than the Steering Committee is able to do, Blue Nile was the only state among those visited that had an active Technical Committee. In Blue Nile, the CFCI Coordination Unit makes monthly progress reports to the Technical Committee, and meets with them monthly to plan activities for the coming month. Members of Steering Committees, since the senior staff at Ministries, are too busy to provide this level of close supervision and assistance to the Coordination Units.

3. There is good coordination between CFCI and the State in terms of use of resources. For example, the CFCI Coordination Unit loans its vehicle to the line

Ministries for immunization and other campaigns, and then is able to request assistance from the Ministries when their own transport needs exceed the capacity of the program's single vehicle. This arrangement is of significant value since shortage of transport is one of this Coordination Unit's constraints.

4. UNICEF and the CFCI Coordination Unit is in the process of developing a strong and productive partnership with an international NGO, Islamic World Relief. Because the CFCI Unit knows the villages and because community mobilization is part of the mandate of both organizations, Islamic World Relief will rely on CFCI to organize community labor and contributions to a joint project: the creation of new classrooms for CFCI communities. Islamic World Relief will also initiate a school feeding program as a way to improve enrollment and attendance rates.

5. Like other southern states, this state will soon face the problem of absorbing and providing for the needs of returnees, once peace is assured in the area. It may be necessary for CFCI to develop a plan and set aside resources for meeting the needs of children and women who will be returning to their home villages in the next two years.

6. Summary and Conclusions

- CFCI was found to be an appropriate, relevant and generally well-designed approach to achieving improvements in the well-being of children by instituting sustainable community and state-level structures. After a slow start in 2002 and 2003, it appears to be picking up momentum in 2004. To date, however, the program has not achieved the support and commitment it needs from partners at every level; and it has made only limited progress toward gender empowerment.

- There is an inherent contradiction between the CRC-inspired goal of providing essential services to the most vulnerable children in the most inaccessible locations and the goals of broad coverage and efficiency – providing as high a level of services as possible to the greatest number of children at the lowest cost. A careful compromise might allow UNICEF to make more efficient use of human and financial resources while still serving underserved and vulnerable children and women.

- CFCI has achieved its greatest support and commitment at the community level, as indicated by the findings on financial contributions from all partners, There, Community Development Committees have been formulated through democratic and participatory processes, and strong planning and monitoring capabilities have been established among most of them through training and follow-up.

- Nevertheless, CDCs and communities have faced obstacles in some cases that have seriously limited their ability to carry out planned activities. These obstacles include armed conflict and displacement, lack of access by road during the wet half of the year, delays in the release of funding, and inability of some partners to meet their planned financial contribution to CFCI.

- CFCI Coordination Units were found to be committed and proactive, with few exceptions. State Ministries in all the states visited had seconded focal point persons to the CFCI Coordination Unit. In most states, however, one or more of the sectoral focal point persons was seconded only part-time to CFCI. The effective functioning of the Coordination Units was found to be undermined by the failure of all Ministries to second full-time personnel.

- Support and commitment are weakest at the higher levels of the CFCI structural configuration, and are particularly weak at the federal level. Commitment from UNICEF itself has been inconsistent, and some federal line Ministries have been largely bypassed in the implementation and monitoring of CFCI. This is both a cause and an effect of the failure of some line Ministries to fully accept and endorse the CFCI concept and approach.

- Significant variation was found between states with respect to the performance of CFCI and its progress toward its goals. In at least two of the best-performing states visited, the system appeared to be functioning efficiently and as planned. In two of the worst-performing states, although Community Development Committees had been formed and trained, they were not receiving the state-level support needed to carry out their planned activities.

- As they are currently constituted, the members of State Steering Committees are over-committed, and so fully half of those visited were found to be unable to work closely with CFCI Coordination Units. The top officials in state-level Ministries, then, are not the appropriate choice for membership on the body that is responsible for providing the high level of supervision and technical assistance needed by the Units.

- There is evidence that CFCI has established committed and sustainable structures at the community level. Even if communities continue to plan and organize child-friendly activities after UNICEF withdraws, however, their ability to carry out successful initiatives will be severely limited if they cannot secure material inputs and technical assistance from partners outside the village, and if their links to line Ministries at the state and locality levels are not firmly in place. In addition, low funding and lack of material resources have been serious constraints, and are threats to CFCI's ultimate sustainability.

7. Recommendations for Action

General and Structural Recommendations

- CFCI is an approach that should be continued and expanded, if sufficient financial resources can be found to enable it to succeed.

- Stronger support for CFCI among the federal line Ministries should be built by activating the National Coordination Unit, scheduling quarterly review and oversight meetings for the Unit, and gaining its full commitment and support through an intensive orientation and planning workshop for its members.

- Successful elements of CFCI in the states and communities where it is working well should be standardized and developed into models for replication in new and less successful states/communities. Exchange visits and short training modules conducted in successful sites should be part of this modeling process.

- State Technical Committees, based on the successful model pioneered in Blue Nile State, should be organized from Dept. of Planning and line Ministry technical staff, in order to provide close the monitoring and guidance to CFCI Coordination Units that the top officials on the State Steering Committee are unable to provide. The Technical Committee members should themselves be senior enough to wield influence within their home Ministries.

- Once they are fully formed and vested with their legal responsibilities, the Localities that are host to CFCI villages should be formally represented in the structure of planning, monitoring and evaluation for CFCI. A Locality CFCI Technical Committee should be formed that includes the Locality Commissioners, Executive Officers, chiefs of the sectoral departments for the Localities, and heads of the Administrative Units that include CFCI communities. This body should advise the State Steering or Technical Committee on local affairs; and its sectoral focal persons should accompany the CFCI Coordination Unit members on monitoring visits to communities.

- In each state, the Ministry of Finance, Planning Department, should coordinate the activities of all development and relief organizations working in the state. The Ministry should utilize its authority to rule that all organizations must work through a single set of structures, institutions and procedures in a given village (though these may vary from village to village). In addition, UNICEF CFCI should investigate opportunities for collaborations with sister UN agencies that could open the way for introducing new components, such as agricultural improvement, to CFCI.

- CFCI should provide training in participatory planning, monitoring and evaluation to more community members (especially women) in existing CFCI communities, in order to widen the sense of ownership and participation within the community, and to provide substitutes in case any CDC members resign from the committee. In particular, the members of the various subcommittees should participate with CDC main committee members in planning, monitoring, evaluation and community mobilization training modules; and in addition, they should receive an orientation and basic information concerning the sector their subcommittee will represent. In communities preparing to graduate, CDCs should receive a "pre-graduation training module" in which they learn to establish direct links with state Ministries and to solicit new partners.

- To prevent the type of premature expansion that has delayed implementation in some areas, no expansion to additional communities is recommended until all Phase I and II communities have been fully trained and have successfully carried out at least one community project.

- To ensure that planning is based on solid information, it is recommended that CFCI Coordination Units should produce updated state-level status reports on activities and key indicators every quarter, and use them in quarterly planning meetings with State Steering or Technical Committees.

- A follow-on project to CFCI should be planned for the next program cycle (2006-2010). It should follow a similar model with certain modifications suggested by the findings above:

4.3. UNICEF should build stronger support from the outset among federal line Ministries, through vigorous advocacy and through activation and training of a functional, accountable National Coordination Unit.
4.4. At the state and locality levels, Technical Committees should be created to provide the intensive monitoring and technical assistance to CFCI Coordination Units that most State Steering Committees are unable to provide – and to act as champions or advocates for CFCI within their home Ministries.
4.5. Target sites should be identified in terms of the most disadvantaged Mahaliyas (localities) rather than isolated communities. Synergies can be achieved by approaching the Mahaliya as an interacting organic whole, in which activities focus upon the most vulnerable communities, but communities interact freely to share resources, personnel, experiences and lessons learned. To supplement CFCI staff, Mahaliya-level technical staff in all sectors should be engaged in training, planning, implementation and monitoring of CFCI activities.

Sector-Specific Recommendations

Primary Education:

- As a test of the community schools approach, the CFCI Final Evaluation should include an assessment of the quality of education in community schools established through the mechanism of CFCI.

- In culturally conservative areas, CFCI should advocate the creation of separate classrooms for girls, as well as training of female teachers, to discourage households from withdrawing older girl students.

Health and Nutrition:

- UNICEF should advocate for a program throughout Sudan that will provide for the health needs of small communities. The problem of the need for a trained health worker who can diagnose and dispense essential drugs must be addressed if the health care rights of children in small and remote communities are to be met. This gap should be filled – either by trained CHWs, CHPs with supplementary training, or by extended mobile services.

- Establishing fixed immunization sites that can operate during the rainy season appears to be a promising means of increasing full immunization rates, and CFCI should advocate this approach for CFCI villages.

Water, Environment and Sanitation:

- To prevent loss of confidence in the CFCI approach, CFCI Coordination Units should not allow community expectations to exceed the capacity of

WES to meet them. They should also keep CDCs and their communities fully informed about the status of their requests for new water points and latrines.

- In areas where wells cannot be drilled because of lack of ground water, unsuitable geological formations or sandy soil, UNICEF should support the improvement of *hafirs* (rain water collection systems) as a best-alternative means of providing clean water to communities.

Rights, Protection and Peace-Building

- During the second half of CFCI, CFCI UNICEF should consult with the more dynamic and successful women's subcommittees to identify activities that women feel are of benefit to them and that promote active involvement of women in community life. NGO partners should be sought who can support income generating activities, based on the model pilot tested in a community of El Gedarif state, for women's subcommittees in other states.

- A Child Protection Subcommittee should be added to the CDCs to coordinate a larger network of concerned persons, to advocate against FGM and recruitment of child soldiers, and to assist demobilized child soldiers to be reintegrated into their home villages.