

Concept Note

Integrated Community-based Recovery & Development (ICRD)

CONCEPT NOTE

INTEGRATED COMMUNITY BASED RECOVERY AND DEVELOPMENT (ICRD) PROGRAMME IN SUDAN (UN-SUPPORTED JOINT PROGRAMMING)

1. Background

The Integrated Community based Recovery and Development Programme (ICRD) supports community-led socio-economic development and local governance structures that are conflict sensitive, transparent, accountable, accessible, efficient, representative and sustainable in South Kordofan State. The aim of ICRD will be achieved through partnership among local stakeholders, including: communities, NGOs, community-based organizations and supported by the locality administration, state/federal government institutions and UN agencies. The programme is based on prioritized activities suggested/identified by local communities and developed through consultative, participatory planning process, building on the existing natural resources base, communities know-how, experience and lessons learned from development programmes led by some UN agencies e.g Child Friendly Community Initiative (CFCI) of UNICEF, Community Based Initiatives (CBI) of WHO, Food and Livelihood security program of FAO, IFAD and UNDP experiences in the region.

For the past two decades, the South Kordofan Region has been a contested zone between the Government of Sudan (GOS) and the Sudan People's Liberation Movement/Army (SPLM/A). The war resulted in lost of lives and the displacement of more than a million people from their original villages to other places within or outside the region. In addition, most social services and infrastructure were completely destroyed. The war has not only destroyed social services and infrastructure but also contributed to the erosion of developed social fabric, peaceful relation and the culture of co-existence among communities.

The signing of the Comprehensive Peace Agreement (CPA) between the Government of Sudan (GoS) and the Sudan People's Liberation Movement (SPLM) has brought with it unprecedented opportunities, as well as challenges, for the people of the Sudan and their international partners seeking to improve the national humanitarian and development situation. The signing of the CPA solidified the transition from war and insecurity to peace and stability while intensifying the challenges to support the emergence of a unified GOS-SPLM system of governance in the newly established South Kordofan State. The CPA has also opened the door for hundreds of thousands of displaced persons to return home. The UN with its national and international partners has initiated measures to provide humanitarian and basic recovery assistance to the returnees. The ICRD programme provides the opportunity to provide basic socio-economic services and support to governance structures in a convergent manner for the well-being of vulnerable and under-served populations in selected communities in South Kordofan State.

2. Situation Analysis

Currently in Sudan, it is not possible to reach an accurate estimation of the level of poverty at national level, let alone at sub-national level, due to the lack of recent poverty-specific data. However, most recent data indicate that the well-being and livelihood of children and women throughout the country has not improved much in the recent times. Therefore, Sudan's overall progress on social and economic development indicators remains a cause for concern, as the country is unlikely to achieve most of the MDGs by 2015.

In South Kordofan State, the result of Sudan Health and House Hold Health Survey, (SHHS 2006), shows some 7% of children under-five years of age are underweight; the infant mortality rate (IMR) and under-five mortality rate (U5MR) are 98 and 147 per 1,000 live births respectively; health wise, only 53.4 % of targeted children have received the triple vaccine while only around 36% did receive all vaccines. Less than 50% of pregnant women are partially protected against tetanus having received 2 doses during the last pregnancy. The proportion of births attended by skilled health personnel is 61%, compared to 98% and 92% in Northern and River Nile States, respectively; further analysis indicates that around 82% of women with a primary or secondary education have delivery with the assistance of a skilled attendant, compared to 40.6% in the case of those with no formal education. Almost 18% of under 5 years old children had diarrhoea 2 weeks prior to the survey, 54.3 % of which did not receive treatment, while only 14.8% received ORS. As for life saving key family practices related to home care of children, only 30% of children with diarrhoea were offered more fluids, compared to 83% who ate much less during their illness.

Regarding basic education, proportion of children of primary-school age currently attending primary or secondary school in S.Kordofan is 53% (with Ratio of girls to boys at 0.79) compared to 91% and 87% in River Nile and Northern States, respectively. The primary school completion rate ranges from 50.1% in Khartoum to 5.0% in South Kordofan. In regard to enjoyment of decent standard of living, the proportion of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook is 98%, putting the residents at great health risks and increasing environmental degradation in S. Kordofan. The proportion of household members using improved sources of drinking water is 60% compared to 80% in Northern State while the proportion of household members using improved sanitation facilities is 14% compared to 83 in River Nile state.

The SHHS result indicates that educational level of mothers/women and economic status of the household has direct impact on achievements in regard to selected MDG-related indicators, e.g. the percent of mothers/caretakers who recognise the two danger signs of pneumonia in under-five children was higher among mothers with secondary or higher education (20.3%) as compared to mothers with no education (14.2%); similarly, the percent of mothers/caretakers who recognise the two danger signs of pneumonia in under-five children was higher among the richest households (21.1%) than that in the case of mothers belonging to the poor households (15.3%); while the primary school net attendance rate is only 19.3% among the poorest households, it increases to 92.7% among those children living in the richest households; the percent of households using solid fuel is 97.2% in the case of the poorest households while the percentage is only 16.7% in the case of the richest households.

The slow implementation of the CPA coupled with regional disparities, poor infrastructure, landmine contamination, lack of access to markets and inadequate level of agricultural production have resulted in fragile food security in S. Kordofan. In addition to the slow implementation of the CPA, the difficulties inherent in the integration of a number of different police structures; continued weakness within the civil service; and continued limited capacity of civil society organizations (CSOs) and Community-based Organizations (CBOs) to engage in dialogue with the government so as to participate effectively in the design and implementation of the necessary recovery and reintegration programmes constitute major development challenges.

With the advent of peace, it is expected that a large number of IDPs/refugees will return to their place of choice/origin, thereby increasing the potential for the spread of HIV/AIDS. Several high risk groups are already exhibiting higher levels of HIV/AIDS prevalence. In S. Kordofan, the percentage of women aged 15-24 years who correctly identify two ways of avoiding HIV infection and rejects three common misconceptions about HIV transmission, in SK is only 8% (SHHS, 2006)

Government support to economic and social development has declined severely during the past 10 years. Responsibility for provision of services has been delegated to state governments and local councils. Although the recent financial devolution has increased allocations to States, most of these local authorities are still very resource-poor, and therefore, investment in economic development and access to basic health, education, clean water and sanitation has virtually stagnated. Private services are available for the few who can afford the exorbitant costs, creating a greater disparity with the poorer rural communities. There is hope that with progressive implementation of the CPA more government resources will be made available for social services and economic promotion at the community level. The role of the ICRD is to empower the most vulnerable local communities to be able to effectively plan and manage their basic economic progress and social services.

3. Rationale/Gaps Addressed by the programme

Considerable government and donor funding has been channeled in the past towards implementing integrated community development projects in specific areas of Sudan. However, some of these were limited in scope and duration, could not provide comprehensive solutions to development problems at community level due to limited nature of mandate of different partners and opportunities for scaling up successful experiences to the national level were fairly difficult due to lack of financing and limited institutional capacity. It is therefore expected that a programme like ICRD which: streamlines UN agencies' presence at the national/state level/community; builds on the aspects of previous UN-support community-based interventions that were considered successful; lays strong emphasis on tapping into the multiplier effects of spatial convergence of sectoral and cross-sectoral operational and technical supports from individual UN agencies; and focuses on building/strengthening institutional capacity at state, locality and community levels and engendering strong linkage between the three levels, would be the optimal/appropriate approach. The high level of unmet basic needs and weak governance, including: poor access to basic health and education services, safe drinking water and food, productive and livelihoods assets and natural resources management; weak administrative structures and limited capacity of CSOs/(CBOs) require sustained and effective interventions that produce tangible results by both Government and donors and communities.

4. Geographical Coverage/Beneficiary

It is expected that the ICRD programme will cover a rural population of 110,000 people in 45 most vulnerable communities in S. Kordofan within a period of two years. During the first year of implementation, the pilot intervention will cover an estimated 45,000 populations in 15 most vulnerable communities. In February/March 2007, preliminary needs assessment was conducted in 22 Villages, in Kadugli and Lagawa localities, by teams composed of Government representatives of health, local government system, education and water, with support of WFP, WHO, FAO and UNICEF. Based on the needs assessment result, 15 communities were selected from Kadugli and Lagawa localities for piloting of ICRD within the context of UN joint programming.

Criteria of Selection: The 15 target communities were ranked and selected based on the indicators below; each indicator was weighted, a total for each community computed and ranked. The cut-off point was based on the incidence of significant gaps in weight ranking between the communities:

- Villages that make up a larger cluster within a specific administrative unit.
- Access and status of natural resource basis of the community (land, water, natural vegetation and plantations as well as animal resources)
- Types of communities' economic mainstay (farming, livestock rearing, combination of the two)
- Level of economic activities and access to market
- Food security status- types and level of production and expenditure
- Availability of working labor force
- Displaced community or community populated with more Returnees.
- Gross primary school enrolment; percentage of school age girls not enrolled in school and school drop out rate
- Practice of female genital mutilation (FGM)
- Demobilized children from armed forces and armed groups.
- Population per midwives (standard is one per 2000 population)
- Population per trained health cadre (standard is one per 500 population)
- Availability of health facility, serving 2000-5000 population
- Population accessing improved drinking water source (at least 20 l/c/d and distance to water point less than 1,000m)
- Availability of sanitation and refuse disposal facilities (% households with latrines or availability of communal latrines)
- Enthusiasm and commitment of the communities and local government to ensure sustainability.

5. Programme Objectives

The main development objectives of the ICRD programme are to meet the basic social and economic needs, enhance participatory and community-based conflict transformation and peace building and strengthen human and institutional capacity at locality and community levels for estimated 110,000 populations in 45 most vulnerable communities in S. Kordofan. An integrated sectoral and cross-sectoral development packages that would take gender, environmental,

biophysical, socio economic and political factors into account will be provided with technical support and assistance by government authorities and sister UN agencies.

6. Expected Outcomes

For the 15 ICRD pilot communities, specific outcomes include:

- *Strengthened governance institutions and community empowerment:* Two Localities (Lagawa and Kadugli) and 15 pilot vulnerable communities have developed and strengthened human and institutional capacity to prevent and manage conflict; plan, implement, manage monitor and sustain basic social and economic services; CSOs and CBOs strengthened to engage in dialogue with the government so as to participate effectively in the design and implementation of recovery and reintegration programmes.
- *Livelihood development and Food Security:* 100% of population in the 15 communities have access to agricultural and livelihood support; 50% of the community will benefit from natural resources conservation interventions and water harvesting interventions for agriculture and live stock; and 75% of the communities will benefit from farming (agriculture and livestock) inputs and extension services; 15 schools benefit from school gardening and school feeding; and 300 vulnerable young people/youth benefit from income generation activities;
- *Access to improved drinking water sources* expanded to reach 10,000 people (22% of the population); access to improved sanitation facilities to 15% of the population and hygiene education to 60%.
- *Access to primary health care services* expanded to 60% of the population including, child and maternal health/nutrition care; strengthen referral sites within the catchement areas; community based surveillance system; a network of community health promoters and functional drug revolving fund schemes.
- Access to quality and child friendly basic education for 1,500 children and same number retained through school feeding.
- *Strengthened sustainable protective systems* for vulnerable women, youth and children against abuse and exploitation, gender-based and other forms of discriminatory and harmful cultural practices.

7. Strategies for Implementation of ICRD Programme

- *Community-based institutional development-* capacity development and empowerment to create enabling environment that promotes community participation and ownership of development programmes and political processes; promotion of good governance at community level to strengthen the problem-solving capacities of the indigenous institutions that over long term could serve as infrastructure for peace.
- *Partnership building* – support for a broad-based partnership that provides linkage between the communities and the federal/state governments and local government systems to ensure sustained confidence of the community for sustainability of the programme; and support for UN joint programming, ensuring programme synergy

and convergence among participating UN agencies, line ministries and other stakeholders. This will also include supporting initiatives that link communities to the private sector including, assistance to solve marketing problems wherever applicable; access to nearby natural, human, financial and material resources required for the current and future development programmes.

- *Disparity reduction* – focus on vulnerable groups with emphasis on knowledge, participation and control of resources: displaced populations and returnees; gender-based discrimination; unemployed youths; demobilized children; etc.
- *Advocacy and social mobilization* – to promote community participation including cost-sharing; labor and material contribution; management and protection of community facilities; supervision, monitoring and reporting of programme activities.
- *Service delivery* – including construction and rehabilitation of facilities; supply of materials; capacity building for service provision, etc.
- *Environmental protection* – mitigate natural resources and ensure their sustainable management throughout the rehabilitation of degraded natural resources basis (afforestation, energy saving devices, tree replacement, soil and water conservation, access roads, fire break, ...etc), promotion of community participation and consultation in the management of natural resources and environment protection, building the capacity of local stakeholders in related issues and finally testing and validating methodologies for participatory natural resources management in pilot areas.

8. Project Components

8.1 Capacity Building, Governance, Institutional Development and Community

Empowerment:

Reconstructing and strengthening governance and public administration systems and institutions at the local level are the most crucial component of post-conflict recovery because the process of reconstituting them is integral to creating an environment conducive to participatory democracy, reconciliation, peace and social cohesion. A well functioning local government has the role in managing, preventing and mediating conflict. There is a need to ensure that all civil servants at state and locality levels are trained in the strategy and policies of conflict anticipation, mitigation, mediation and prevention and that the consciousness of the need to control conflict permeates the government ministries and agencies. The challenge at locality level is to establish a government and civil service in which conflict management, mediation and prevention are widely mainstreamed in institutions, policies, and personnel. The key to the establishment of conflict-sensitive governance institutions at locality level is to give citizens both 'voice and choice' in the delivery of public services. Even though local governance institutions serve as a major means of empowerment, stakeholder participation and enhanced accountability, in the context of South Kordofan these institutions remain weak and poorly prepared to effectively discharge their responsibilities

Low technical and leadership capacity of local sectoral support teams is another challenge for ICRD. This will involve, among others, establishing Technical Support Teams (TSTs) at state and local level. The TSTs will be trained on governance, programme management and leadership

including: civil service administration; conflict prevention and resolution; management of natural resources bases; entrepreneurship; managing revolving funds and cost recovery schemes; Institutional development will include establishment of local health systems, information management systems, operations and maintenance systems, parent teacher associations, community centers, agricultural and health extension/outreach services etc;

Community Empowerment will include establishment of various Community Development Committees (CDCs) and sectoral sub-committees that will be legalized and trained in various aspects of integrated community development concept and approach including leadership, community management, participatory planning and monitoring of local projects, revolving fund management, identification of development needs, development of integrated interventions, promotion of community participation in multi-purpose program management. Further involvement of the community in total could be obtained through organization of the households into clusters each is to be represented by 2 persons from residents of the cluster with gender balance. The Cluster Representatives (CRs) are the link between the house-holds and the community decision making body (CDC)

8.2. Basic Social and Economic Service Delivery.

This component would serve to address community development priorities with particular emphasis on access to quality service delivery in basic education, health, nutrition, sanitation, water harvesting, natural resources conservation/management, restoration of productive assets and agriculture products marketing. It will cover a wide range of services:

- Agricultural extension services, natural resources conservation/management and marketing interventions through provision of different kinds of technical and material supports building on existing knowledge and know-how of the local communities;
- Provision of drinking water facilities; household and community sanitation and refuse disposal facilities; hygiene education; operation and maintenance of water facilities;
- Renovation/construction and equipping of basic education facilities; support for teaching and learning materials; teacher training; school health and sanitation services; school feeding/school gardening;
- Renovation/construction and equipping of health facilities including basic drugs; training of health staff; child and maternal health services, combating endemic and emerging diseases through establishing a community based surveillance system and strengthening referral health facilities to provide prompt and quality care; drug revolving fund systems;
- Establishment of community centres including community information centers; support women on food processing and use of intermediate technology, promote youth peer support groups; Youth friendly HIV/AIDS prevention services for young people in and out of school.

8.3. Monitoring and Evaluation, Supervision and Reporting:

At State or project level monitoring will be the responsibility of the project coordination unit lead by the Ministry of Planning and Economy and Investment of South Kordofan State for tracing progress on regular basis. Monitoring activities will include usage of appropriate management tool such as data collection and regular reports in addition to regular joint field visits by the line ministries and departments at the Federal and State levels, NGOs, where involved, and participating UN agencies. Field visit reports will be prepared and used as inputs for Project Progress Reports to be reviewed during national Annual Review/Planning meetings.

Community data base and profile with simple and measurable monitoring indicators on process, inputs, output and outcomes will be established and information will be collected, analyzed, and documented on regular basis.

The project will also be jointly supervised by UN sister agencies in collaboration with the Federal/State line ministries on regular basis (3 times a year), and technical support would be provided on site to help the Coordination Unit monitor project activities and to contribute to the various assessments and reviews that will be conducted during the life of the project. The following reports will be produced and used for monitoring project interventions: Quarterly reports by CBOs/CDCs; Quarterly project implementation; Monitoring and disbursements reports by the State coordination unit; and UN agencies supervision reports.

9. Expected convergence of interventions: Some examples

- **WFP** – support to schools/basic education through food for education (FFE) programs in coordination with the education sector and support to nutrition programs, including Therapeutic Feeding Centers/Supplementary Feeding programme for under 5 children and pregnant and lactating mothers in collaboration with health and nutrition sector. As part of the Food Security and Livelihood sector will also support work on FFW, FFT and FFA initiatives from the 15 communities.
- **WHO** – Primary health care support including capacity building of health promoters, including Integrated Management of Childhood Illnesses, nutrition and environmental hygiene; working with individuals, families and communities on making pregnancy safe; community based health information system; referral care and establishment of good surveillance system and control of communicable diseases.
- **FAO** – Food and Livelihood Security including natural resources management, water harvesting, agricultural inputs (seeds, tools, animal health care services' materials and supplies) agriculture extension and agriculture production marketing education.
UNDP – Support creation of effective community and local governance structures that are Conflict sensitive, transparent, accountable, accessible, efficient, representative and sustainable in South Kordofan.
- **UNICEF** – Primary health care support, child health and nutrition interventions, water and sanitation, basic education, child protection, training of CBOs/CDCs, coordination at state and community level using the available effective structure at both State and community level.

10. Institutional and implementation arrangements

At the federal level a coordination body is established within the Ministry of International Cooperation to coordinate, advocate and to mobilize human and financial resources and the National Fund for State Support (NFSS) also provides both technical and financial support. At Federal level, a UN Technical Working Group comprised of ICRD focal points from the participating sister UN agencies exist to advocate with federal ministries, advise the participating UN Heads of agencies and provide technical back-up to the UN ICRD Technical Working Group in Kadugli, S. Kordofan.

At the state level the ICRD Programme functions to coordinate and act as executing authority. Instituted within the State Ministry of Economy and Investment (SMoEI), the programme is linked with the relevant line ministries, NGOs and sister UN agencies through representatives from each ministry and UN agency. The programme coordination unit in SMoEI is supported by

a Steering Committee from senior staff of participating ministries and UN agencies to provide guidance and take decision on issues related to programme implementation.

At the locality level the structure for implementation is supported by a technical committee that provides technical backup directly to the communities on a regular basis under the leadership of the local Governor (Muatamad). The locality and its administrative units will be responsible as well about resource mobilization and political support to the Programme with the objective of replication in the surrounding villages, enhancing the concept of Technical Cooperation between Developing Villages.

At the grass root level the Community Development Committee (CDC) which is a purely community initiative established through free election (10 members) to lead, plan and manage the programme activities. The CDC accommodates a number of sub-committees based on needs mainly: natural resources management, agricultural/livestock water harvesting, agricultural extension and marketing, food processing, provision of animal health care services, water supply and sanitation, basic education, primary health care, women's development, youth peer support group and peace building.

11. Sustainability

The following elements in ICRD programme would help to ensure sustainability of its interventions. These are: (i) the participatory approach adopted throughout the project cycle; (ii) the emphasis on building community capacity; (iii) create the sense of ownership among communities, stakeholders and partnership with localities and NGOs working in the area; (iv) the utilization of the local government administrative structure as a conduit for implementation, thus absorbing recurrent operating cost; (v) the establishment of well-organized proactive structures, whose members have the requisite skills to carry on the project; (vi) strong and enduring links between communities and outside sources of advice and assistance such as government agencies, UN agencies, NGOs; and (vii) community link to natural resources bases and access to the other resources that include financial and material resources, required to implement the current project and future activities as well as to access to marketing facilities.

12. Programme cost by component: The table below shows the estimated project costs by component/sub-components for the 15 pilot communities to be served during the first phase of the ICRD programme in 2007:

COMPONENT/ACTIVITY	AMOUNT	LEAD AGENCY
Governance Capacity Building	\$373,000	UNDP
A.1 Conflict transformation and peace building		
Training of 150 Peace Promoters	6,000	
Establish and support cultural performance groups	5,000	
Establish and support school drama and Music Groups	5,000	
Organize local exposure visits to PP and VDC	5,000	
Print and disseminate peace building BCC materials	5,000	


Training of 500 PTA members (Parents - Teachers' Association)	\$6,000	
Water and Sanitation	\$255,000	UNICEF
Drilling of 20 boreholes	\$140,000	
Construction of school latrines 10 latrines	\$50,000	
Provision for sanitation facilities for 15% of the population	\$45,000	
Training of 90 hand pumps mechanics and village water committees	\$10,000	
Agric-Livelihood's project in 15 villages	\$800,000	FAO
Establishment of 6 nurseries and seedling production and plantation	\$72,000	
Water harvesting (4 Haffier dam or pond construction)	\$108,000	
Agricultural inputs supply and agriculture extension services	\$354,000	
Promotion of agriculture products marketing	\$36,000	
livestock restocking and animal husbandry	\$80,000	
Income Generating activities for youth: 300 young people (40/village) involved in income generating activities with an approximate cost of \$250 per person.	\$75,000	
15 School gardens, 1 per village at \$5000/each:	\$75,000	
Food security	\$500,000	WFP
Procurement of 200 metric tons of food for Community distribution and school feeding	\$500,000	
<i>Total Programme costs</i>	\$3,261,000	<i>All Agencies</i>
<i>Direct programme support costs 10%</i>	\$326,100	<i>All Agencies</i>
<i>Pass-through costs for administrative agent (1%)</i>	\$32,610	<i>UNICEF</i>
<i>Indirect programme support costs (7%)</i>	\$228,270	<i>All Agencies</i>
GRAND TOTAL	\$3,847,980	

For UNICEF

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